FOR PROFIT CORPORATION HEINESS DEDART

## FILED Jul 16, 2003 8:00 am Secretary of State 07-16-2003 90042 047 \*\*\*150.00

OMITONIN DOSINESS RE	FUNI JUNI	yn,
DOCUMENT # 649112  1. Entity Name	ارزان ا	
MARTUCHTE SALON	(ORP)	

MARTU	OTT SA	LON COR	P		
DO N	OT WRITE	IN THIS SE	PACE		
2. Principal Place of Business 2901 ORAL WAY Suite, Apt. #, etc.  3. Mailing Address 2901 CORAL WAY Suite, Apt. #, etc.		DO NOT WRITE IN THIS	S SPACE		
City & State	FL	City & State	FZ	4. FEI Number 2317885	Applied For Not Applicable
33145	Country S A	33145	Country $SA$	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			Name A	7. Name and Address of Current Registere	ed Agent
D	O NOT W	RITE	Street Address	PA BORPEGO (P.O. Box Number is, Not Acceptable)	
and the street of the street o	I THIS SP	ATTEMPT OF THE PARTY OF THE PAR	2901	COPAL WAY	
			City M/	AMI FI	L Zip Code 145
8. The above named entity the obligations of registe		the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am	familiar with, and accept
		n _ 1		<b>C</b> .	7005
	r printed name of registered agent ar	d title if applicable. (NOTE:	Registered Agent signature require	d when reinstating) DATE	7-8-03
After May 1,	y 1 Fee is \$150.00 Fee is \$550.00 UBR is \$61.25 Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution.  [	\$5.00 May Be Added to Fees
10. 	OFFICERS AND D				
NAME MAR	TA BORRY	E60	TIFLE NAME		The first section of the section of
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NAME			NAME		
STREET ADDRESS CITY-ST-7IP			STREET ADDRESS		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: >

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-03 Date Daytime Phone #

CR2E034B (12/02)