## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K 28766			,	
MARTIN BROTHERS, INC.			FILED 02 May -2 PM 4: 25	
DO NOT WRITE IN THIS SPACE			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business 108AV Suite. Apt. #. etc.	3. Mailing Address 36165W 108 AV Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State   FL  Zip   Country   33165   U.S.A	City & State NIAUI, FL Zip 23165	Country USA		Applied For Nor Applicable  3.75 Additional
DO NOT WRITE FELX Street Address ( IN THIS SPACE  CTY CORAL		Foe Required  7. Name and Address of Current Registered Agent  J. MARTIN ESQ.  P.O. Box Number is Not Acceptable)  ALHAH BRA LIRCLE STE 380  GABLES FL 283134		
8. The above named entity submits this statement for the SiGNATURE Signature, types or present name of registered agest and 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)	January ( - Hay After May ( ) Amended (	gistered office or registere conscret April sommer required in 1: Fee: is: \$150.00 Fee: is: \$550.00 JBR is: \$61.25 to Department of Stat	when measuring DATE  10. Election Campaign Financing First Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND D  HILE PD FIDE R. MAR  STREET ADDRESS 3616 SW 108 A  HILL VD PAULINO F. I  NAME  STREET ADDRESS 3616 SW 108 A  STREET ADDRESS 3616 SW 108 A	TÍN V 165 JARTÍN V	TITLE	10000555 -05/17/02- ***1050:0	6861 -010280103 0 •****150-60
CITY-ST-ZIP MIAMI FL 33  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	165	CRY-ST-ZIP  TITLE:  MAZE  STREET ADDRESS  CRY-ST-ZIP  TITLE  MAME  STREET ADDRESS	DO NOT WRITE IN THIS SPACE	
CITY ST-ZIP  PITE  NAME  STREET ADDRESS  CITY - ST-ZIP  TITLE  NAME  STREET ADDRESS		CITY-SY, DP  TITLE  MANUE  STREET ADDRESS  CITY-SI: FIP  TITLE  MANUE  STREET ADDRESS  STREET ADDRESS		
13. I hereby certify that the information supplied with this filtrig does by 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 sectional 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, yethrall other light employered.				
SIGNATURE: 500 TYPE OR POSITED BUILD OF SECURIC OF DIRECTOR DIRECTOR DIRECTOR DIRECTOR				

## MARTIN BROTHERS, INC. DOC.# K 28766

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

FIDE R. MARTIN PRESIDENT