

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90056 014 \*\*\*150.00

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01122005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # K51280</b>					
1. Entity Name <b>RESIDENTIAL MARINER COMPANY</b>					
Principal Place of Business <b>1881 NE 26TH STREET SUITE 212A FT. LAUDERDALE, FL 33305 US</b>			Mailing Address <b>1881 NE 26TH STREET SUITE 212A FT. LAUDERDALE, FL 33305 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0103033</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MARTINI, GREGORY T. 2655 LEJEUNE ROAD CORAL GABLES, FL</b>			7. Name and Address of New Registered Agent Name <b>GREGORY T. MARTINI</b> Street Address (P.O. Box Number is Not Acceptable) <b>SACHER, MARTINI + SACHER, P.A. 2655 LEJEUNE RD. #1101</b> City <b>CORAL GABLES</b> FL Zip Code <b>33134</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MARTINI, ERIC T. 1881 NE 26TH ST #216 FORT LAUDERDALE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ERIC T. MARTINI 1881 NE 26 ST. #212A FT. LAUDERDALE, FL 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Eric T. Martini</u> - ERIC T. MARTINI - PRESIDENT 1/12/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					