


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L41884 1. Entity Name MARTY K'S MUSIC MAKERS, INC.	
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Principal Place of Business 50 NORTHWEST 185TH TERRACE MIAMI, FL 33169	Mailing Address 50 NORTHWEST 185TH TERRACE MIAMI, FL 33169
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**DO NOT WRITE IN THIS SPACE**



02272005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0173165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KARMIOL, MARTIN  
50 NORTHWEST 185TH TERRACE  
MIAMI, FL 33169

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KARMIOL, DIANE 50 NW 185TH TERR. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KARMIOL, MARTIN 50 NW 185TH TERR. MIAMI, FL
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U00000247397  
03/02/05-80012-003 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Diane Karmiol DIANE KARMIOL 2/27/05 305-651-1558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #