
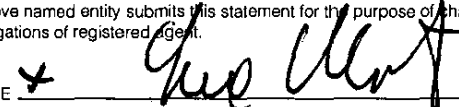
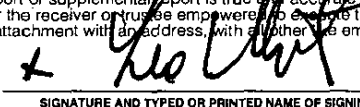


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90656 016 ****61.25

DOCUMENT # N98000007255 1. Entity Name LEO & GLORIA MARTIN FOUNDATION, INC.			
Principal Place of Business 2127 BRICKELL AVENUE PENTHOUSE 3602 MIAMI, FL 33129		Mailing Address 2127 BRICKELL AVENUE PENTHOUSE 3602 MIAMI, FL 33129	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 430340	
City & State MIAMI FL.		City & State MIAMI FL.	
Zip 33143-0340		Zip 33143-0340	
Country USA		Country USA	
4. FEI Number 65-0883167		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 MARTIN, LEO 2127 BRICKELL AVE PH 3602 SUITE 107 MIAMI, FL 33129		7. Name and Address of New Registered Agent Name BURSEL & ASSOCIATES Street Address (P.O. Box Number is Not Acceptable) 6465 SW 84 STREET City MIAMI FL 33143	
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 		DATE 4/29/2004	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARTIN, LEO 2127 BRICKELL AVENUE MIAMI, FL 33129	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP 6465 SW 84 STREET MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARTIN, GLORIA 2127 BRICKELL AVENUE MIAMI, FL 33129	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MITTLEMAN, SHERRY 12500 SW 72 AVE. MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SCHNEIDERMAN, LISA 7900 SW 134 STREET MIAMI, FL 33156	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
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another, or empowered.			
SIGNATURE: 		DATE 4/29/2004	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	