

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90308 025 ***150.00

DOCUMENT # P00000026785

1. Entity Name
MARTHA HAYDAR, P.A.



Principal Place of Business
**8370 WEST FLAGLER STREET
SUITE 204
MIAMI, FL 33144**

Mailing Address
**8370 WEST FLAGLER STREET
SUITE 204
MIAMI, FL 33144**

94049626

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02062004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0991524

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WEHBY, JOSEPH M PA
8370 WEST FLAGLER STREET
SUITE 204
MIAMI, FL 33144**

7. Name and Address of New Registered Agent
Name
Webby, Joseph M P.A.
Street Address (P.O. Box Number is Not Acceptable)
8370 WEST FLAGLER STREET
SUITE 250
City
MIAMI FL Zip Code
33144

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 *Martha Haydar* **MARTHA HAYDAR 4-6-04**
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYDAR, MARTHA 8370 WEST FLAGLER STREET SUITE 204 MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAYDAR, MARTHA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8370 WEST FLAGLER ST #250 MIAMI, FL 33144
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: *Martha Haydar* **MARTHA HAYDAR 4-6-04 305-310-7622**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #