FILED May 05, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORAT		
UNIFORM BUSINESS REPORT	UB	R)
0.010.451.57.41		

DOCUMENT # P010000042 1. Entity Name MARTUNIES, INC.	241			05-05-2003 91409 022 ***150.00			
Principal Place of Business 7467 W SAMPLE RD CORAL SPRINGS, FL 33065	AMPLE RD 7467 W SAMPLE RD 20041178						
2. Principal Place of Business 10311 . Sample Rd Suite, Apt. #, etc.	3. Mailing Address 10311 . Sav	rple R					
	CHECK HERE IF MAKING CHANGES		oliost For				
Coral Springs, Fl	Cord Span	95 F1	4. FEI Number 65	-1067928	Not	Applicable	
33065 Country	33065	OSA	5. Certificate of Sta	tus Desired	\$8.75 Addi Fee Required		
- 6. Name and Address of Current	Registered Agent	Name 1	7. Name and Addr	ess of New Registered	Agent		
LEKUTIS, ROGER J 7467 W SAMPLE RD			ddress (P.O. Box Number is N	oser 3.			
CORAL SPRINGS, FL 33065			·				
		L	311 W. Sam	iple 148.			
The above named entity submits this statement for		City	owy Zbund	<u> </u>	Zip Code	60	
SIGNATURE Signature by the description of registered agents FILE NOW!!!! FEE IS: \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of	1714	Registered Agents ignatu		Campaign Financing- nd Contribution.		O May Be to Fees	
10.4, OFFICERS AND	DIRECTORS	11.		NGES TO OFFICERS AND			
ITILER D NAME STREET ADDRESS CITY-ST-2IP CORAL SPRINGS, FL 33065	☐ Delete	11TLE NAME STREET ADDRESS CITY-ST-ZIP	President Lekutus, Ro 10311 W.Sai Coral Spri	rple Rd.	₩ Change 065	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-S1-2P	Delete	1.ITLE NAME STREET ADDRESS CITY-S1-ZIP			□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Change	☐ Addition	
TITLE NAME STREET ADDRESS	Delete	TITLE NAME STREET ADDRESS		^	□ Change	Addition	
CITY-ST-ZIP		CITY-ST-ZIP		, r, v	* ,1	117 - N-	
NAME STREET ADDRESS CITY-ST-ZP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		*	Change	☐ Addition	
Hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empressions.	true and accurate and that my	ili he exemption stat / signature shall h	ave the came tenal effect acid	made under oath-that I	am an afficar.	or director	

Koger Leksty Roger Lekstys President 04:29.03 954-752SIGNATURE AND TYPED OR PRINTED HABIE OF SIGNING OFFICER OR DIRECTOR Days