2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000017324 1. Entity Name MART OIL STATION, INC.							FILED Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90149 024 ***158.75					
2. Principal Place of Business 8977 SW 123R4.CT 8977 S				ddress Sw 123Rd.CT.			86 ILI 67HBE HIDII 867H 98HI	 				
Suite, Apt. #, etc. APT. 203			Suite, Apt. # etc. APT, 203			CHECK HERE IF MAKING CHANGES						
City & State MIAMI, FLORIDA			MIAMI, FLORIDA				65-1077615		Applied For Not Applicable			
3186-1) SA	33186-1992	Country			of Status Desired	Fe Fe	3.75 Add e Require			
	b. Name and Ad	dress of Current Re	gistered Agent	Nar	ma		Address of New Re		ent		-	
MARTINS, VANESSA P					ne MAAT eet Address (F		NIELLE P					
695 NW 95 STREET					8977	5W 123	r is Not Acceptable)]	
MIAMI FL 33150					APT.	203						
				City			·	FL	33/180	-1992	_	
	named entity submittions of registered ac		ne purpose of changing its	egistered offic	ce or register	ed agent, or bot	h, in the State of Flor	ida. Tam fam	iliar with,	and accept		
: Signature :	Signature, typed or printed	name of registered agent and	title if applicable. (NOTE	Registered Agent	signature required	when reinstating)	<u> </u>	DATE	<u>.</u>			
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After	r May 1, 2003 Fee		tate			l l	ction Campaign Fina st Fund Contribution			O May Be to Fees		
10.		OFFICERS AND DI		111		ADDITIONS/	CHANGES TO OFFIC	SEDS AND DI	PECTOR	2 INL 11	1	
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STREET ADDRESS	8933 SW 123RD	COURT, SUITE 41	0	STREET ADDR	ess 897 7	SW 1237	RD CT - APT	203			ĺ	
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TREET ADDRESS				STREET ADDR	ess 1083	5'SW N.K	ENDALL DRI	_	T. 218	3		
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TREET ADDRESS				STREET ADDR	ESS 897 2	SW 123	RN CT - AH	T. 203				
ITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	MIA	MI, FL.	UIELLE P. RDCT - AH 33186-19	12			İ	
2 Thereby o	certify that the inform	ation supplied with th	is filing does not qualify for	he evemption		,				formation	ı	

indicated on this report or supplied with this ming does not quality for the exemption stated in Section 119.07(3)(), Florida Statules. 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 stiffer like empowered.

SIGNATURE:

FREQUIRECHELO MARTINS D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR