

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90025 005 ***150.00

DOCUMENT # P01000113190		
1. Entity Name MARTNI ALAFAYA, INC.		

Principal Place of Business 5728 MAJOR BLVD, STE 601 ORLANDO, FL 32819	Mailing Address 5728 MAJOR BLVD, STE 601 ORLANDO, FL 32819
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2. Principal Place of Business - No P.O. Box # 7932 W. Sand lake Rd.	3. Mailing Address 7932 W. Sand lake Rd.
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Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
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City & State Orlando, FL	City & State Orlando, FL
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Zip 32819	Country	Zip 32819	Country
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40066844



03112008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3759703	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KHATIB, RASHID A 5728 MAJOR BLVD, STE 601 ORLANDO, FL 32819		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		7932 W. Sand Lake Rd. Ste 300 Orlando, FL 32819 FL Zip Code	

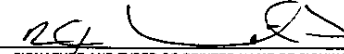
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KHATIB, RASHID 5728 MAJOR BLVD, STE 601 ORLANDO, FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 7932 W. Sand Lake Rd. Ste 300 Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HODGE, RANDALL R 5728 MAJOR BLVD, STE 601 ORLANDO, FL 32819 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 7932 W. Sand Lake Rd. Ste 300 Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	4/8/08 407-354-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #