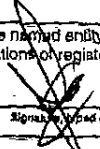
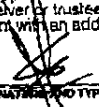


FROM : ACCOUNTING TAX PRACTICE

FAX NO. :

Apr. 13 2005 **FILED****Apr 28, 2005 08:00 AM**
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000037752		
1. Entity Name MARTHA CHOMIAK INTERNATIONAL INC.		
Principal Place of Business 11208 NW 56 STREET MIAMI, FL 33178		Mailing Address 11208 NW 56 STREET MIAMI, FL 33178
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHOMIAK, MARTHA 11208 NW 56 STREET MIAMI, FL 33178		DO NOT WRITE IN THIS SPACE
7. 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 04/21/05 Signature of individual or printed name of registered agent and the fee if applicable. (NOTE: Registered Agent signature required when filing statement.)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		UN00000339108 04/28/05-80064-003 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHOMIAK, MARTHA 11208 NW 56 STREET MIAMI, FL 33178	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FUGUETT, EURI 11208 NW 56 STREET MIAMI, FL 33178	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  DATE 04/21/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		