

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000047862

1. Entity Name
RL MARTELL CORP.



FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business
10020 SW 127TH AVE.
MIAMI, FL 33186

Mailing Address
10020 SW 127TH AVE.
MIAMI, FL 33186



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

LOPEZ, RAIMUNDO
10020 SW 127TH AVE.
MIAMI, FL 33186

**DO NOT WRITE
IN THIS SPACE**

B. 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 _____

Name (re-typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when ratifying)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, RAIMUNDO 10020 SW 127TH AVE. MIAMI, FL 33186
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05/03/04-8Q164-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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 register 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 changes empowered.

SIGNATURE: _____

RE-TYPE AND TYPE OR PRINTED NAME OF OFFICER OR DIRECTOR

4/28/2004 (205) 726-8008