2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2004 08:00 AM Secretary of State

MARTIN INVESTMENT MORTGAGE CORF	
Principal Place of Business Mailing	g Address
600 600	I NW 12 ST II, FL 33126

DO NOT WRITE IN THIS SPACE



01192004	No Chg-P	CR2E034 (10/03)
		····

4. FEI Number
11-3659527 Applied For
Not Applicable

5. Certificate of Status Desired Satus Desired Fee Required

6. Name and Address of Current Registered Agent	
MARTIN, LUIS 9433 FONTAINEBLEAU BLVD APT 203 MIAMI, FL 33172	DO NOT WRITE IN THIS SPACE

8. The above the obligati	named entity submits this statement for the pions of registered agent.	urpose of changing its registered office	ce or regist	ered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE					
	Signature, typed or printed name of registered agent and title	f applicable (NOTE Registered Agent s	signature requi	red when reinstating)	DATE
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	□ \$	5.00 May Be ided to Fees	
10.	OFFICERS AND DIREC	CTORS	-		
TITLE	DP				
NAME	MARTIN, LUIS				
STREET ADDRESS	9433 FOUNTAIN BLEAU BLVD., APT	203			U00000011651
CITY-ST-ZIP	MIAMI, FL 33172	j			U00000011651 01/23/04-80047-007 150.00
TITLE					
NAME		i			
STREET ADDRESS		1			
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS				DO	NOT WRITE
CITY-ST-ZIP				DO	NOI WHILE
TITLE				IAI "	THIS SPACE
NAME				114	ITIIS SPACE
STREET ADDRESS					
CITY+ST-ZIP					
TITLE					•
NAME					
STREET ADDRESS					
CITY-ST-ZIP		.			
TITLE					
NAME		1			
STREET AODRESS		1			
CUDY OF THE	I	1			

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 trastee 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:

61-19-04

(305) 499 - 9233