

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 22, 2004 08:00 AM  
Secretary of State

DOCUMENT # P02000119625

1. Entity Name  
MARTE PRODUCTIONS, INC.



Principal Place of Business  
240 31ST ST., APT. 2  
MIAMI BCH, FL 33140

Mailing Address  
240 31ST ST., APT. 2  
MIAMI BCH, FL 33140



04142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
16-1637743

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

TEJADA, MARIA D  
240 31 STREET, APT 2  
MIAMI BEACH, FL 33140

**DO NOT WRITE  
IN THIS SPACE**

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 reconstituting)

DATE

04/16/04

**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

000000125777  
04/23/04-80008-009 158.75

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PTD  
TEJADA, MARIA D  
240 31ST ST., APT. 2  
MIAMI BCH, FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
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CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**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(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/16/04