

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90051 038 ***150.00

DOCUMENT # P03000043198 1. Entity Name ALMARTIN, INC.					
Principal Place of Business 5950 W OAKLAND PARK BLVD SUITE 103 FORT LAUDERDALE, FL 33313				Mailing Address 5950 W OAKLAND PARK BLVD SUITE 103 FORT LAUDERDALE, FL 33313	
2. Principal Place of Business 16438 NW 18th Street Suite, Apt. #, etc.		3. Mailing Address 16438 NW 18th Street Suite, Apt. #, etc.			
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL		4. FEI Number 32-0073168	
Zip 33028		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132				7. Name and Address of New Registered Agent Name Nayarit Briceño Street Address (P.O. Box Number is Not Acceptable) 4050 Pines Blvd. Suite 450 City Pembroke Pines FL Zip Code 33024	
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 <u><i>[Signature]</i></u> 3-18-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, ALEJANDRO 5950 W OAKLAND PARK BLVD SUITE 103 FORT LAUDERDALE, FL 33313	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEJANDRO MARTINEZ 16438 NW 18th Street Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-18-04 <small>Date Daytime Phone #</small>		