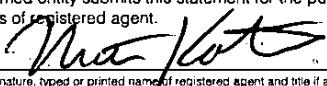
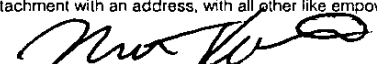


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90164 019 ***150.00

DOCUMENT # P03000047653 1. Entity Name MARTY KOTLAR, P.A.					
Principal Place of Business 16340 S POST ROAD STE #101 WESTON, FL 33331			Mailing Address 16340 S POST ROAD STE #101 WESTON, FL 33331		
2. Principal Place of Business 1245 GINGER CIRCLE			3. Mailing Address 1245 GINGER CIRCLE		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State WESTON FL			City & State WESTON FL		
Zip 33326 -			Zip 33326		
Country 			Country 		
4. FEI Number 20-0010501				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOTLAR, MARTY 16340 S POST RD. STE. 101 WESTON, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE: 3-4-05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 KOTLAR, MARTY 16340 S POST ROAD STE #101 WESTON, FL 33331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1245 GINGER CIRCLE WESTON FL 33326	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:  Date: 3-4-05 Daytime Phone #					

50024709



01142005 Chg-P CR2E034 (10/03)