


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
2. Mar 31, 2008 8:00 am
Secretary of State

02-12-2008 90018 014 ***150.00

DOCUMENT # P06000156266			
1. Entity Name MARTHA BRYANT P.A.			
Principal Place of Business 7565 SW 190TH ST MIAMI FL 33157		Mailing Address 7565 SW 190TH ST MIAMI FL 33157	
2. Principal Place of Business - No P.O. Box # 2285 SE 5th Ct. Suite, Apt. #, etc.		3. Mailing Address 2285 SE 5th Ct. Suite, Apt. #, etc.	
City & State Homestead Fl.		City & State Homestead Fl.	
4. FEI Number 51-0614670		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VENTRIERE, CHRISTINA 14805 SW 212 ST MIAMI FL 33187		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 <i>Martha Bryant</i> <small>Signature, typed or printed name of registered agent or director. (NOTE: Registered Agent signature required when re-registering.)</small> DATE			
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p>		<p>9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MRYANT, MARTHA 7565 SW 190TH ST MIAMI FL 33157 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bryant, MARTHA 2285 SE 5th Ct. Homestead Fl. 33033 <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Martha Bryant</i>		214/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	