


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 08:00 AM
Secretary of State


DOCUMENT # P94000013813

1. Entity Name
GARRY MARTIN CORP.



| | |
|---|---|
| Principal Place of Business 7268 PAPAYA WAY TAMARAC, FL 33321-5337 US | Mailing Address 7268 PAPAYA WAY TAMARAC, FL 33321-5337 US |
|---|---|

DO NOT WRITE IN THIS SPACE



04152004 No Chg-P CR2E034 (10/03)

| | |
|---|-------------------------------|
| 4. FEI Number 64-0477141 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

COHEN, GARRY M
 7268 PAPAYA WAY
 #737
 TAMARAC, FL 33321

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 reinstating) DATE _____

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**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVD COHEN, GARRY M 7268 PAPAYA WAY TAMARAC, FL |
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 05/14/04-80005-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 filers empowered.

SIGNATURE: Garry M Cohen 4/30/04 954 822 3009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #