2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)												
DOCUMENT # P96000005822 1. Entity Name									, CD			
MARTIN FRIEDMAN INC.									LED	0. 1.0		
Principal Place of Business Mailing Addross						and the same]	07 FEB -1	-			
12701 N.W. 19TH MANOR 127 CORAL SPRINGS FL 33071 CO				2701 N.W. 19TH MANOR DRAL SPRINGS FL 33071								
2. Principal F	Place of Busin	ness - No P.O. Box #										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				1s	t MOORE	CR2E0	34 (10/	06)	
City & Stal	te		City & State			4. FEI Numb	er 65-06384	28			olied For Applicable	
Zip Country			Zip		lry	5. Certificate	of Status Desired			5 Addi		
	6. Name	and Address of Curren	7. Name and Address of New Registered Agent Name									
FRIEDMAN, MARTIN 12701 N.W. 19TH MANOR						Street Address (P.O. Box Number is Not Acceptable)						
CORAL SPRINGS FL 33071												
			<u></u>			City			F		p 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. Fam familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature recurred when reinstaturg) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees												
10.	k rayable to	OFFICERS AND		38	11.		ADDITIONS	/CHANGES TO OF	FICERS A	ND DIRE	CTORS	INI t t
TIFLE	P Delete III				TITLE					□ CI		Addition
STREET ADDRESS CITY-ST-ZIP	12701 N.W. 19TH MANOR CORAL SPRINGS FL 33071					ETADDRESS ST-ZIP	000000618616 02/08/07-80035-019 150.00					
TITLE Name:	FRIEDMAN, JOANNE B				TITLE. NAME			-		□ CI	hange	Addition
STREET ADORESS CITY-ST-ZIP	12701 N.W. 19TH MANOR CORAL SPRINGS FL 33071					ET AODRESS ·ST-ZIP						
IIILL NAME				☐ Delete	TITLE					Ct	nange	Addition
STREET ADDRESS CITY-ST-ZIP					STREE	ET ADDRESS ST-ZIP						
IITLE NAME				☐ Delele	TITLE	:				Cr	nange	Addition
STREET ADDRESS CITY-ST-ZIP						CT ADDRESS ST-ZIP						
title Name				☐ Delele	THLE.					☐ Cł	iange	Addition
STREET ADORESS						CLADORESS ST-ZIP						
TITLE NAME				☐ Delele	TITLI					Ct	nange	Addition
STREET ADDRESS CITY-ST-ZIP					STREE	E1 ADDRESS S1-ZIP						
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: Mat: MARTIN FRIEDWW 1/31/07 954. 345. 6407 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Entry Priorie #												