

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000065235

1. Entity Name
MARTNI RESTAURANTS, INC.



Principal Place of Business
**5728 MAJOR BLVD
STE 601
ORLANDO, FL 32819 US**

Mailing Address
**5728 MAJOR BLVD
STE 601
ORLANDO, FL 32819 US**



02232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3459579	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

**KHATIB, RASHID A
5728 MAJOR BLVD
STE 601
ORLANDO, FL 32819**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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

TITLE	CD
NAME	KHOURI, ZAH W
STREET ADDRESS	5728 MAJOR BLVD STE 601
CITY-STATE-ZIP	ORLANDO, FL 32819

TITLE	PSTD
NAME	KHATIB, RASHID A
STREET ADDRESS	5728 MAJOR BLVD STE 601
CITY-STATE-ZIP	ORLANDO, FL 32819

TITLE	D
NAME	KHATIB, ATEF A
STREET ADDRESS	5728 MAJOR BLVD STE 601
CITY-STATE-ZIP	ORLANDO, FL 32819

TITLE	VD
NAME	HODGE, RANDELL R
STREET ADDRESS	5728 MAJOR BLVD STE 601
CITY-STATE-ZIP	ORLANDO, FL 32819

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/29/05-80076-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

4/27/05

Date

(407)354-2200

Daytime Phone #