

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90198 003 ***150.00

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1. Entity Name
MARTINE & PHILIPPE MANAGEMENT CORP.



Principal Place of Business
**3425 MAIN HWY
COCONUT GROVE, FL 33133 US**

Mailing Address
**3425 MAIN HWY
COCONUT GROVE, FL 33133 US**



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0854769

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FRIED, MARK E P.A.
1110 BRICKELL AVENUE
SUITE 700
MIAMI, FL 33131**

**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, 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	P
NAME	TORCHUT, PHILIPPE
STREET ADDRESS	4730 HINGRAHAM HWY
CITY-ST-ZIP	CORAL GABLES, FL 33133
TITLE	V
NAME	TORCHUT, MARTINE
STREET ADDRESS	4730 W. INGRAHAM HWY.
CITY-ST-ZIP	CORAL GABLES, FL 33133
TITLE	D
NAME	TORCHUT, MAXIMILIEN
STREET ADDRESS	4730 W. INGRAHAM HWY.
CITY-ST-ZIP	CORAL GABLES, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

4/30/04

Date

Daytime Phone #