


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90246 027 ***150.00

DOCUMENT # P98000089712	
1. Entity Name MARTRANIC, INC.	

Principal Place of Business 6221 MANCHESTER LANE DAVIE FL 33331-2971	Mailing Address 6221 MANCHESTER LANE DAVIE FL 33331-2971 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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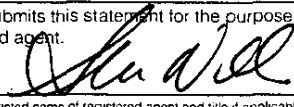
City & State	City & State	4. FEI Number 65-0873735	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

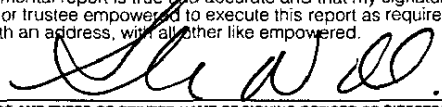
6. Name and Address of Current Registered Agent NICOL, SHEREE 6221 MANCHESTER LN DAVIE FL 33381	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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  President	DATE 4/15/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KHALEEL, SHEREE 9200 NW 49 PLACE SUNRISE FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Nicol, Sheree 542 Lakeside Circle Sunrise, FL 33326-2103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICOL, MARTIN 9200 NW 49 PLACE SUNRISE FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Nicol, Martin 542 Lakeside Circle Sunrise, FL 33326-2103
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: 	DATE 4/15/04 (954) 609-5246