2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

DOCUMENT # S23043 1. Entity Name MAR-FLITE ASSOCIATES, INC.			04-18-2005 90330 019 ***150.00
Principal Place of Business 691 S OCEAN BLVD. BOCA RATON, FL 33432	Mailing Address 691 S OCEAN BLVD. BOCA RATON, FL 33432		
2. Principal Place of Business 2 1200 NE 38 th AVE. Suite, Apt. #, etc.	3. Mailing Address 2/200 NE 3 Suite. Apt. #, etc.	38± A1	
Apt. # 1001 City & State .	Apt. # 100		04142005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For
Miami, FL Zip Country	Miami, FL	Country	65-0233308 Not Applicable 6 Cadificate of Status Posited
33180	33/80	-	- Fee Required
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
HASHMAN, SAMUEL 691 S. OCEAN BLVD		Street A	ddress (P.O. Box Number is Not Acceptable)
BOCA RATON, FL 33432			t. # 1001
		City	iami, FL 33180
The above named entity submits this statement to the obligations of registered agent.	r the purpose of changing its re	gistered office or	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	0.075		ute required when reinstating) DATE
Signature, typed or printed name of registered agent	and title in applicable. (NOTE: N	legistereo Agent signati	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees
10. OFFICERS AND		11.	
TITLE PDVP			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME HASHMAN, SAMUEL	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS 691 S OCEAN BLVD.	☐ Delete	TITLE	alaoo NE 38th Avenue, Apt. 1001
•	☐ Delete	TITLE NAME STREET ADDRESS	Change Addition Algorithm Change Addition Algorithm Algorithm Change Addition Change Addition Addition Change Addition Algorithm Algorithm
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Forda 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

1/14/05

305-936-824/

Daytime Phone #