


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000001978
1. Entity Name
DR. NESTOR MARTINEZ FOUNDATION, INC.



Principal Place of Business 1581 BRICKELL AVENUE APT. 1906 MIAMI, FL 33129	Mailing Address 1581 BRICKELL AVENUE APT. 1906 MIAMI, FL 33129
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0583041	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARTINEZ, LUZ
1581 BRICKELL AVENUE
SUITE D-206
MIAMI, FL 33129

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000054554
02/17/04-80001-007 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, LUZ 1581 BRICKELL AVE. APT 1906 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, NESTOR J 410 NORTH WEST 199TH AVENUE PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, JOSE M 8800 SW 60 AVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, ANA 52 MONTILLA AV. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, 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:  LUZ MARTINEZ 3/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #