2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139251

City-St-Zip:

MIAMI, FL 33136

Entity Name: MARTI TUB & SHOWER ENCLOSURES CORP.

FILED Aug 12, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1994 NW 4 MIAMI, FL	47 TERRACE 33142 US				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1994 NW 4 MIAMI, FL	47 TERRACE 33142 US				
FEI Number	: 20-4821488	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	ONELO JOSE 47 TERRACE 33136 US				
The above in the State	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () MARTI, DIONEL 1994 NW 47 TE MIAMI, FL 331:	RRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVS () MARTI, DAINIEI 1994 NW 47 TE MIAMI, FL 331	RRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D () MARTI, DIONEL 1994 NW 47 TE		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DIONELO MARTI PD 08/12/2009	9
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