

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000017252
 1. Entity Name
MART-LAND INVESTMENTS, INC.



Principal Place of Business: **6100 NW 97TH AVE DORAL, FL 33178**
 Mailing Address: **P.O. BOX 28131 HIALEAH, FL 33002 US**

DO NOT WRITE IN THIS SPACE



04012008 No Chg-P CR2E034 (11/05)

4. FEI Number: **65-0554702**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINEZ, VICENTE J
6100 N.W. 97TH AVE.
DORAL, FL 33178

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTINEZ, VICENTE J
STREET ADDRESS	1020 W. 53ST
CITY-ST-ZIP	HIALEAH, FL
TITLE	D
NAME	MARTINEZ, MARIA L
STREET ADDRESS	1020 W 53 ST
CITY-ST-ZIP	HIALEAH, FL
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Maria L Martinez* **MARIA L MARTINEZ** **4/1/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #