## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000122888

FILED Apr 17, 2009 Secretary of State

**Entity Name:** MARTINEZ HOLDING, INC. **Current Principal Place of Business: New Principal Place of Business:** 2121 PONCE DE LEON BLVD 1050 CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 2121 PONCE DE LEON BLVD 1050 CORAL GABLES, FL 33134 FEI Number: 11-3664400 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONSULTING SERVICES OF SOUTH FLORIDA 2121 PONCE DE LEON BLVD 1050 CORAL GABLES, FL 33134 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD ( ) Delete Title: (X) Change ( ) Addition NIÑO POVEDA, MARTHA O'HARA CORP. Name: Name: CARRERA 15, NO, 97-46, OFC. 205 2121 PONCE DE LEON BLVD. STE. 1050 Address: Address: City-St-Zip: BOGOTA, COLOMBIA, XX XX XX City-St-Zip: CORAL GABLES, FL 33134 VPD Title: Title: () Delete (X) Change ( ) Addition BLOCH NIÑO, JORGE A Name: Name: INVERLINK CORP.

Address:

Title:

City-St-Zip:

CARRERA 15, NO. 97-46, OFC. 205 Address:

BOGOTA, COLOMBIA, XX XX XX City-St-Zip:

Title: D (X) Delete O'HARA CORP. Name: Address:

City-St-Zip:

Name: 18839 BISCAYNE BLVD Address: AVENTURA, FL 33180 XX City-St-Zip:

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.

Ρ SIGNATURE: MAURICIO VIVES 04/17/2009

2121 PONCE DE LEON BLVD. STE. 1050

() Change () Addition

CORAL GABLES, FL 33134