

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000098876

**FILED**  
**Apr 05, 2018**  
**Secretary of State**  
**CC6068526225**

**Entity Name:** ARTURO MARTINEZ HARVESTING INC

**Current Principal Place of Business:**

201 SW 2ND AVE UNIT 115  
FLORIDA CITY, FL 33034

**Current Mailing Address:**

PO BOX 343685  
FLORIDA CITY, FL 33034

**FEI Number:** 54-2077746

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARTINEZ, ARTURO  
201 SW 2ND AVE UNIT 115  
FLORIDA CITY, FL 33034 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

**Officer/Director Detail :**

Title            P  
Name            MARTINEZ, ARTURO  
Address        201 SW 2ND AVE UNIT 115  
City-State-Zip: FLORIDA CITY FL 33034

Title            S  
Name            MARTINEZ, ELIZABETH  
Address        201 SW 2ND AVE UNIT 115  
City-State-Zip: FLORIDA CITY FL 33034

*I hereby 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 all other like empowered.*

**SIGNATURE:** ARTURO MARTINEZ

P

04/05/2018

Electronic Signature of Signing Officer/Director Detail

Date