

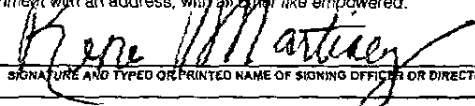



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

| | | | |
|--|--|--|--|
| DOCUMENT # 392949 1. Entity Name MARTINEZ BROTHERS ENTERPRISES CORP. | |  | |
| Principal Place of Business 36 N.E. 52ND TERRACE MIAMI, FL | | Mailing Address C/O MARCIA B. CABALLERO 9192 CORAL WAY, 201 MIAMI, FL 33175 | |
| DO NOT WRITE IN THIS SPACE | |  | |
| | | 03102006 No Chg-P CR2E034 (11/05) | |
| | | 4. FET Number 59-1810336 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CABALLERO, MARCIA B ESQ 9192 CORAL WAY SUITE 201 MIAMI, FL 33175 | | DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1100000479770 04/10/06-80018-023 150.00 |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD MARTINEZ, RENE 36 N.E. 52ND TERRACE MIAMI, FL | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS MARTINEZ, ELISA 36 N.E. 52ND TERRACE MIAMI, FL | | |
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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:  | |  Date Overtime Phone # | |