


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 08:00 AM
Secretary of State


DOCUMENT # 443790

1. Entity Name
JUAN R. MARTINEZ & ASSOCIATES, INC.



Principal Place of Business 8550 FLAGLER ST. #107 MIAMI, FL 33144	Mailing Address 8550 FLAGLER ST. #107 MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1521880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, JUAN R.
8550 FLAGLER, ST. SUITE 117
#107
MIAMI, FL 33144**

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.

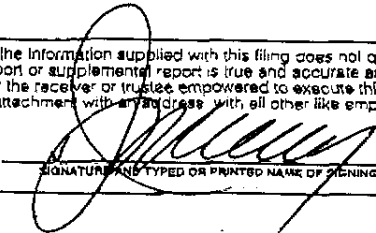
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARTINEZ, JUAN R. 1036 SAN PEDRO AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARTINEZ, MARGARITA P. 1036 SAN PEDRO AVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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07/07/05-80005-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  **6-29-05 305-552-7007**

SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone