2007 FOR PROFIT CORPORATION

FILED Feb 01, 2007 08:00 AM **Secretary of State**

ANNUAL REPORT			
DOCUMENT # 4437 1. Entity Name JUAN R. MARTINEZ & ASS			
Principal Place of Business 8550 FLAGLER ST. #107 MIAMI, FL 33144	Meiling Address 8550 FLAGLER ST. #107 MIAMI, FL 33144		



DO NOT WRITE IN THIS SPACE

6: Name and Address of Current Registered Agent

CR2E034 (11/05) 01062007 No Chg-P

Applied For 4. FEI Number 59-1521880 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

MARTINEZ, JUAN R. DO NOT WRITE 8550 FLAGLER, ST, SUITE 117 #107 IN THIS SPACE MIAMI, FL 33144

	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	
Sli	GNATURE	
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(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS PD TITLE MARTINEZ, JUAN R. NAME 1036 SAN PEDRO AVE STREET ADDRESS CITY - ST-ZIP CORAL GABLES, FL SD MARTINEZ, MARGARITA P. NAME STREET ADDRESS 1036 SAN PEDRO AVE CITY-ST-ZIP CORAL GABLES, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable

000000615544 02/06/07-80075-015 150.00

DATE

DO NOT WRITE IN THIS SPACE

12. I nereby 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 of 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation of the changed, or on an app

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

> NAME OF SIGNING OFFICER OR DIRECTOR IGNATURE AND TYPED OR PRINTED

305-512-7007