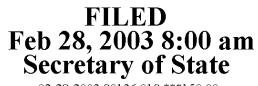
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 443790 **DOCUMENT #** 1. Entity Name



| JUAN R | . MARTINEZ & ASSOCIATE | ES, INC. | | 02-28-2003 90136 019 ***150.00 |
|---|--|--|--|--|
| Principal Place of Business 8550 FLAGLER ST. #107 MIAMI FL 33144 | | Mailing Address 8550 FLAGLER ST. #107 MIAMI FL 33144 | | 50013232. * |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES |
| City & State | | City & State | | 4. FEI Number 59-1521880 Applied For |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired - \$8.75 Additional |
| | 6. Name and Address of Curre | nt Registered Agent | | 7. Name and Address of New Registered Agent |
| MADTINE | Z, Juan R. | | Name | The state of the s |
| | | | Street Add | dress (P.O. Box Number is Not Acceptable) |
| #107 | AGLER, ST. SUITE ##7 | | | dissection box Normal is Not Acceptable) |
| MIAMI FL | 99144 | | | |
| INITAINIT I L | . 33144 | | City | FL Zip Code |
| 8. The above the obligation | e named entity submits this statement ations of registered agent. | for the purpose of changing its | registered office or re | egistered agent, or both, in the State of Florida. I am familiar with, and accept |
| CICNATURE | | | | |
| SIGNATURE | Signature, typed or printed name of registered ager | nt and title if applicable. (NOT | E: Registered Agent signature | required when reinstating) DATE |
| Afte | FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of OFFICERS AND | of State | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. |
| TITLE | PD . | Delete | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| NAME STREET ADDRESS CITY-ST-ZIP | Martinez, Juan R. 1036 San Pedro Ave Coral Gables Fl | ∟J Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Martinez, Margarita P. 1036 San Pedro Ave Coral Gables Fl | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| ITLE IAME TREET ADDRESS ITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| ITLE AME TREET ADDRESS ITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TLE AME TREET ADDRESS TY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| | ertify that the information supplied with on this report or supplier entire report is position or the received or trustee or the received or the received or trustee or the received or th | this filing does not qualify for true and accurate and that my | | in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director |

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 addre

SIGNATURE:

Daytime Phone #