

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90031 018 \*\*\*150.00

**DOCUMENT # 562770**

1. Entity Name

L.P.M., INC.



Principal Place of Business

521 SAVONA AVE.  
CORAL GABLES FL 33146

Mailing Address

521 SAVONA AVE.  
CORAL GABLES FL 33146



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1819010

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, HENRY G SR.  
521 SAVONA AVE  
MIAMI FL 33146-2734

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME MARTINEZ, HENRY G., SR.  
STREET ADDRESS 521 SAVONA AVE.  
CITY-ST-ZIP CORAL GABLES FL 33146-2734

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME MARTINEZ, HENRY G., JR.  
STREET ADDRESS 1421 SAGE CANYON RD.  
CITY-ST-ZIP SAINT HELENA CA 94574

TITLE ☒ Change ☐ Addition  
NAME SD  
STREET ADDRESS HENRY G. MARTINEZ SR.  
CITY-ST-ZIP 521 SAVONA AVE  
CORAL GABLES, FL, 33146-2734

TITLE VPD ☐ Delete  
NAME GARCIA, JOSE A.  
STREET ADDRESS CONDO PARQUE DELAS FUENTES  
CITY-ST-ZIP HATO REY PR 00918-3906

TITLE ☒ Change ☐ Addition  
NAME VPD  
STREET ADDRESS JULIA R. MENA DE LIMA  
CITY-ST-ZIP 881 OCEAN DRIVE APT 36  
KEY BISCAYNE, FL, 33149

TITLE TD ☐ Delete  
NAME MARTINEZ, LADI R  
STREET ADDRESS 521 SAVONA AVE  
CITY-ST-ZIP CORAL GABLES FL 33146-2734

TITLE ☐ Change ☐ Addition  
NAME TD  
STREET ADDRESS JULIA R. MENA DE LIMA  
CITY-ST-ZIP 881 OCEAN DRIVE APT 36  
KEY BISCAYNE, FL, 33149

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/06

Date

305-661-1555

Daytime Phone #