2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 606350

FILED Apr 28, 2009 Secretary of State

Entity Name: MARTINEZ AND PERDOMO PROFESSIONAL ASSOCIATION

Current Principal Place of Business: New Principal Place of Business: 20 S.W. 58TH AVENUE MIAMI, FL 33144 **Current Mailing Address: New Mailing Address:** 20 S.W. 58TH AVENUE MIAMI, FL 33144 FEI Number: 59-1882953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTINEZ, ANTONINO 20 S.W. 58TH AVENUE 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition MARTINEZ, ANTONINO MARTINEZ SR., ANTONINO Name: Name: 20 SW 58TH AVE. 20 SW 58TH AVE. Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL Title: STD Title: STD (X) Change () Addition () Delete Name: PERDOMO, LIDIA Name: MARTINEZ PERDOMO, LIDIA 20 SW 58TH AVE. Address: 20 SW 58TH AVE. Address: MIAMI, FL City-St-Zip: MIAMI, FL City-St-Zip: Title: Title: VS (X) Delete () Change () Addition MARTINEZ, LIDIA E Name: Name: 20 S.W. 58TH AVENUE Address: Address: City-St-Zip: MIAMI, FL 33144 City-St-Zip: Title: (X) Delete Title: () Change () Addition MARTINEZ, ANTONINO JR Name: Name: Address: 20 SW 58TH AVE Address: City-St-Zip: MIAMI, FL 33144 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONINO MARTINEZ SR. PD 04/28/2009