

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04061

Entity Name: MARTIN ABASCAL CORP.

FILED
Mar 04, 2009
Secretary of State

Current Principal Place of Business:

C/O LIZETTE MOLLERA
2165 NW 19TH AVE
MIAMI, FL 331427447

New Principal Place of Business:

Current Mailing Address:

C/O LIZETTE MOLLERA
2165 NW 19TH AVE
MIAMI, FL 331427447

New Mailing Address:

FEI Number: 59-2058805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOLLERA, LIZETTE
2165 NW 19 AVE
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

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:

Title: PST () Delete
Name: MOLLERA, LIZETTE A
Address: 2165 NW 19 AVE
City-St-Zip: MIAMI, FL 33142

Title: VP () Delete
Name: MOLLERA, RAUL
Address: 2165 NW 19 AVE
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: LIZETTE MOLLERA

PST

03/04/2009

Electronic Signature of Signing Officer or Director

_____ Date