


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90073 025 ***150.00

DOCUMENT # G73361 1. Entity Name MARTAINER, INC.					
Principal Place of Business 7570 NW 14TH ST MIAMI, FL 33126 US			Mailing Address 7570 NW 14TH ST MIAMI, FL 33126 US		
2. Principal Place of Business 11000 NW 29 STREET		3. Mailing Address 11000 NW 29 STREET			
Suite, Apt. #, etc. SUITE #201		Suite, Apt. #, etc. SUITE #201			
City & State MIAMI, FL		City & State MIMAI, FL			
Zip 33172	Country USA	Zip 33172	Country USA		
6. Name and Address of Current Registered Agent MORALES, ALBERTO 11000 NW 29ST SUITE 201 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name CARLOS PERDOMO Street Address (P.O. Box Number is Not Acceptable) 11000 NW 29 STREET SUITE #201 City MIAMI FL Zip Code 33172		
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 <u><i>[Signature]</i></u> CARLOS PERDOMO (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERDOMO, CARLOS <input type="checkbox"/> Delete 11000 NW 29ST SUITE 201 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby 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 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: <u><i>[Signature]</i></u> CARLOS PERDOMO (NOTE: Signature and typed or printed name of signing officer or director) Date _____ Daytime Phone # _____					

