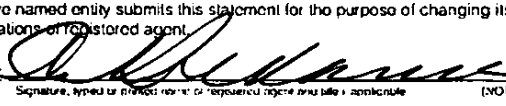
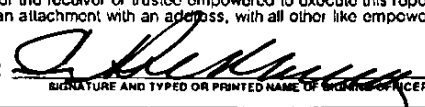


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-26-2007 90044 023 ***150.00

DOCUMENT # G73361 1. Entity Name MARTAINER, INC.					
Principal Place of Business 11000 NW 29 ST STE 201 MIAMI FL 33172 US			Mailing Address 11000 NW 29 ST STE 201 MIAMI FL 33172 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2408234 Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	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	
PERDOMO, CARLOS 11000 NW 29ST SUITE 201 MIAMI FL 33172				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 fee is applicable (NOTE: Registered Agent Signature required when transferring) Carlos Perdomo 2/13/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME
	P	PERDOMO, CARLOS	11000 NW 29ST SUITE 201		
		MIAMI FL 33172			
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: 				Carlos Perdomo 2/13/07 305-591-7595	
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR				Date Daytime Phone #	