


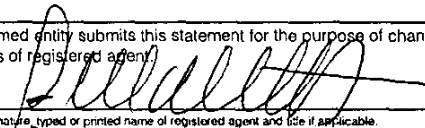
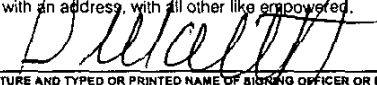
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90404 033 ***150.00

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| DOCUMENT # H87985 | |  | |
| 1. Entity Name PEDRO F. MARTELL, P.A. | | | |
| Principal Place of Business 717 PONCE DE LEON BLVD. SUITE 319 CORAL GABLES, FL 33134 | | Mailing Address 717 PONCE DE LEON BLVD. SUITE 319 CORAL GABLES, FL 33134 | |
| 2. Principal Place of Business 9485 S.W. 72nd Street Suite, Apt. #, etc. A-265 City & State Miami, FL Zip 33173 Country USA | | 3. Mailing Address 9485 S.W. 72nd Street Suite, Apt. #, etc. A-265 City & State Miami, FL Zip 33173 Country USA | |
| 04102006 | | Chg-P | CR2E034 (11/05) |
| 4. FEI Number 59-2606434 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MARTELL, PEDRO F. 717 PONCE DE LEON BLVD. SUITE 319 CORAL GABLES, FL 33134 | | 7. Name and Address of New Registered Agent Name MARTELL, PEDRO F. Street Address (P.O. Box Number is Not Acceptable) 9485 S.W. 72nd Street Suite A-265 City Miami FL Zip Code 33173 | |
| 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  Pedro F. Martell | | DATE 04/10/06 | |
| 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 | PSTD MARTELL, PEDRO F. 717 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9485 S.W. 72nd St., Suite A-265 Miami, FL 33173 |
| 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 |
| 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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| 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 |
| 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:  Pedro F. Martell | | DATE: 04/10/06 (305) 275-0077 Daytime Phone # | |