

2006 FOR PROFIT CORPORATION ANNUAL REPORT


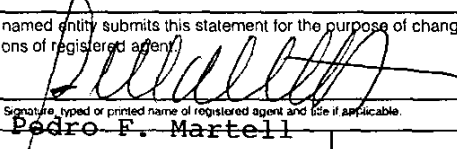
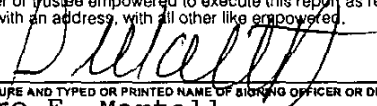
FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90404 033 ***150.00

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04102006 Chg-P CR2E034 (11/05)

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		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 <small>Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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	
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 <small>Daytime Phone #</small>		