

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J70865

Entity Name: D. MARTINEZ NURSERY, INC.

**FILED**  
**Nov 17, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

12350 SW 177 AVE  
MIAMI, FL 33196

**New Principal Place of Business:**

**Current Mailing Address:**

12350 SW 177 AVENUE  
MIAMI, FL 33196

**New Mailing Address:**

FEI Number: 65-0014066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTINEZ, FRANCISCA M  
17700 S.W. 175 STREET  
MIAMI, FL 33187 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARTINEZ FRANCISCA,  
Address: 17700 SW 175 ST  
City-St-Zip: MIAMI, FL 33187

Title: V ( ) Delete  
Name: MARTINEZ, ROYNER  
Address: 12350 SW 177 AVE  
City-St-Zip: MIAMI, FL 33187

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S ( ) Change (X) Addition  
Name: MARTINEZ, MAIDY  
Address: 17700 SW 175 ST  
City-St-Zip: MIAMI, FL 33187

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRANCISCA M. MARTINEZ

PD

11/17/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date