


# 2008 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J99517</b> 1. Entity Name MARTIN ASSOCIATES OF SOUTH FLORIDA, INC.	
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Principal Place of Business C/O ESTRELLA M. MARTIN 240 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442	Mailing Address C/O ESTRELLA M. MARTIN 240 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442
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**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0012464	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MARTIN, ESTRELLA M. 240 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442
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**DO NOT WRITE IN THIS SPACE**

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 _____ <small>* Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPDV MARTIN, ESTRELLA M. 2100 NW 4 ST BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RENSON, CAROLANNE 7913 N.W. 71 AVE. TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KLEDZIK, PATRICIA 9260 SW 14 ST 2507 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/26/08-80082-009 150.00

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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.

<b>SIGNATURE:</b> <u>ESTRELLA M. MARTIN, CEO/PRES.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	03/05/08 <small>Date</small>	954-421-0661 <small>Daytime Phone #</small>
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