

Aug 10 2006 3:23

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FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90107 018 ****50.00

FROM EMPIRE CORPORATE KIT CO

FAX NO. : 305 6338302

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000092864			
1. Entity Name MARTINA INVESTMENTS, LLC			
Principal Place of Business 20225 N.W. 24 COURT UNIT 1913 AVENTURA, FL 33180		Mailing Address 20225 N.W. 24 COURT UNIT 1913 AVENTURA, FL 33180	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	County	Zip	County
4. Name and Address of Current Registered Agent		5. Name and Address of New Registered Agent	
VELASCO, OLGA BUSTO ESQ 2 ALHAMBRA PLAZA STE 680 CORAL GABLES, FL 33134		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 _____ (NOTE: Registered Agent signature required when forming LLC)			
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State	
8. MANAGING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR TEODORO SANCHEZ DE EUSTAMANTE 20225 N.W. 24 COURT UNIT 1913 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 600, Florida Statutes.			
SIGNATURE: <i>Teodoro Sanchez de Eustamante</i>		8/16/06	

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