


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90070 039 ***150.00

| | | | |
|--|---|---|--|
| DOCUMENT # L18975 1. Entity Name A B MARTIN BUILDING SUPPLY, INC. | |  | |
| Principal Place of Business 3699 NW 135TH STREET MIAMI, FL 33054 | | Mailing Address 3699 NW 135TH STREET MIAMI, FL 33054 | |
| 2. Principal Place of Business - No P.O. Box # 3677 N.W. 135 St | | 3. Mailing Address 3677 NW 135 St | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Opa Locka, FL | | City & State Opa Locka FL | |
| Zip 33054 | | Zip 33054 | |
| Country Dade | | Country Mia-Dade | |
| 4. FEI Number 65-0153292 | | 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 MARTIN, A. B. 3699 NW 135TH STREET MIAMI, FL 33054 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3677 N.W. 135 St City Opa Locka, FL Zip Code 33054 | |
| 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. (NOTE: Registered Agent signature required when reappointing)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 PD | NAME MARTIN, A. B. | <input type="checkbox"/> Delete | |
| STREET ADDRESS 3699 NW 135TH STREET | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP MIAMI, FL | | | |
| TITLE S | NAME COFIELD, LOUISE | <input type="checkbox"/> Delete | |
| STREET ADDRESS 3677 NW 135TH STREET | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP OPA LOCKA, FL | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | | |
| 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: <u><i>L. Martin - Louise Martin VP</i></u> 1/17/08 305-836-2851 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |