


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90063 030 \*\*\*150.00

**DOCUMENT # M62496**

1. Entity Name  
**MARTINEZ ACCOUNTING, INC.**



Principal Place of Business  
**1330 CORAL WAY**  
**305**  
**MIAMI, FL 33145 US**

Mailing Address  
**P.O. BOX 452703**  
**P.O. BOX 452703**  
**MIAMI, FL 33145 US**

2. Principal Place of Business  
**701 S.W. 27 Ave.**  
 Suite, Apt. #, etc.  
**606**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Miami, Fl.**

City & State

Zip  
**33135**

Country  
**Miami-Dade**

Zip  
 Country



03082004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**MARTINEZ, JOSE M.**  
**5775 COLLINS AVE. #1206**  
**MIAMI BEACH, FL 33140**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARTINEZ, JOSE M.</b> <b>5775 COLLINS AVE. #1206</b> <b>MIAMI BEACH, FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MARTINEZ, BLANCA A.</b> <b>5775 COLLINS AVE., #1206</b> <b>MIAMI BEACH, FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PERDAMÓ, MARIA ALIZKA</b> <b>1916 SW 17 AVE., APT. 31</b> <b>MIAMI, FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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 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 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: Jose M. Navarro President 4/19/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #