


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90127 004 ***150.00

DOCUMENT # M86309
 1. Entity Name
DANIEL F. MARTINEZ II, P.A.



Principal Place of Business Mailing Address
611 W. AZEELE STREET TAMPA FL 33606 US **611 W. AZEELE STREET TAMPA FL 33606 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
10014 N. DALE MABRY HWY SUITE 101 **P.O. BOX 270380**

City & State City & State
TAMPA, FLORIDA TAMPA, FLORIDA

Zip Country Zip Country
33618 USA 33688-0380 USA

1st MOORE CR2E034 (10/07)

4. FEI Number **59-2907893** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MARTINEZ, DANIEL F II
611 W. AZEELE STREET
TAMPA FL 33606

7. Name and Address of New Registered Agent
 Name **DANIEL F. MARTINEZ, II**
 Street Address (P.O. Box Number is Not Acceptable) **10014 N. DALE MABRY HWY**
SUITE 101
 City **TAMPA** FL Zip Code **33618**

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, the registered agent.

SIGNATURE *Daniel F. Martinez II* DATE **4/16/2008**

Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	DPS MARTINEZ, DANIEL F., II 611 W. AZEELE STREET TAMPA FL 33606	<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
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10014 N. DALE MABRY HWY, STE 101 TAMPA, FLORIDA 33618	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 exemptions contained in Section 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: *Daniel F. Martinez II, President* DATE: **4/16/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #