2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N06000009196

Entity Name: MISSION MARTI, INC.

Current Principal Place of Business:

1312 SW 27 AVE.
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1312 SW 27 AVE.
MIAMI, FL 33145

New Mailing Address:

FEI Number: 20-8607828 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANCHEZ-MEDINA, ROLAND JR.
2333 PONCE DE LEON BLVD., STE. 302
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CHM	( ) Delete
Name:	MAS SANTOS, JORGE	
Address:	1312 SW 27 AVE.	
City-St-Zip:	MIAMI, FL 33145	
Title:	PD	( ) Delete
Name:	HERNANDEZ, FRANCISCO	
Address:	1312 SW 27 AVENUE	
City-St-Zip:	MIAMI, FL 33145	
Title:	VP	( ) Delete
Name:	MENENDEZ, KIRK	
Address:	1312 SW 27 AVENUE	
City-St-Zip:	MIAMI, FL 33145	
Title:	TR	( ) Delete
Name:	BOUE, LUIS	
Address:	1312 SW 27 AVENUE	
City-St-Zip:	MIAMI, FL 33145	
Title:	SC	( ) Delete
Name:	JIMENEZ, JOSE	
Address:	1312 SW 27 AVENUE	
City-St-Zip:	MIAMI, FL 33145	
Title:	AS	( ) Delete
Name:	SANCHEZ-MEDINA JR., ROLAND	
Address:	2333 PONCE DE LEON BLVD, SUITE 302	
City-St-Zip:	CORAL GABLES, FL 33134	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLAND SANCHEZ-MEDINA AS 04/09/2009

Electronic Signature of Signing Officer or Director — Date