

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001978

FILED
Jan 11, 2006
Secretary of State

Entity Name: DR. NESTOR MARTINEZ FOUNDATION, INC.

Current Principal Place of Business:

504 ARAGON AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

908 PARADISO AVENUE
CORAL GABLES, FL 33146

Current Mailing Address:

504 ARAGON AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

908 PARADISO AVENUE
CORAL GABLES, FL 33146

FEI Number: 65-0583041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, LUZ
1581 BRICKELL AVENUE
SUITE D-206
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

MARTINEZ, LUZ
908 PARADISO AVENUE
CORAL GABLES, FL 33146 US

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: LUZ MARTINEZ

01/11/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARTINEZ, LUZ
Address: 504 ARAGON AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: MARTINEZ, NESTOR J
Address: 410 NORTH WEST 199TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: MARTINEZ, JOSE M
Address: 8800 SW 60 AVE
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: MARTINEZ, ANA
Address: 617 MINORCA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MARTINEZ, LUZ
Address: AVENUE
City-St-Zip: CORAL GABLES, FL 33146

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 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: LUZ MARTINEZ

D

01/11/2006

Electronic Signature of Signing Officer or Director

Date