

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90116 048 ****61.25



DOCUMENT # N98000004455
1. Entity Name:
ORDEN MARTINISTA INC.

Principal Place of Business: **3971 SW 8TH ST., #305 MIAMI FL 33134**
Mailing Address: **9350 SW 88 TERR. MIAMI FL 33176**



2. Principal Place of Business: **815 NW 57th Avenue**
Suite, Apt. #, etc.: **Suite 218**
City & State: **Miami FL**
Zip: **33126** Country: **USA**

3. Mailing Address: **815 NW 57th Avenue**
Suite, Apt. #, etc.: **Suite 218**
City & State: **Miami FL**
Zip: **33126** Country: **USA**

1st MOORE CR2E037 (10/04)

4. FEI Number: **65-0981638** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent:
DIAZ-BERGNES, GABRIEL
3971 SW 8TH ST., #305
MIAMI FL 33134

7. Name and Address of New Registered Agent:
Name: **Diaz-Bergnes, Gabriel**
Street Address (P.O. Box Number is Not Acceptable): **815 NW 57th Avenue**
Suite: **Suite 218**
City: **Miami** State: **FL** Zip Code: **33126**

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: *[Signature]* DATE: **3/30/05**

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VELAYOS, ANGEL M	
STREET ADDRESS	GENERAL BRAVO 32-ALTO LAS PALMAS DE GRAN C	
CITY-ST-ZIP	LAS PALMAS SPAIN	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BIDE, SALVATIERRA	
STREET ADDRESS	101-401004- VITORIA-ALAVA	
CITY-ST-ZIP	SPAIN	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ-BERGNES, GABRIEL	
STREET ADDRESS	815 NW 57 AVE STE 218	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *[Signature]* **GABRIEL DIAZ BERGNES** DATE: **3/30/05** DAYTIME PHONE #: **305-441-1844**