

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000059965

FILED
Apr 07, 2004
Secretary of State

Entity Name: MARTINEZ SPECIALTY MASONRY, INC.

Current Principal Place of Business:

2909 WINDSWEPT DRIVE
#205
LANTANA, FL 33462

New Principal Place of Business:

P O BOX 9094
PORT ST LUCIE, FL 34985

Current Mailing Address:

2909 WINDSWEPT DRIVE
#205
LANTANA, FL 33462

New Mailing Address:

P O BOX 9094
PORT ST LUCIE, FL 34985

FEI Number: 65-1019829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSE, MARTINEZ
2909 WINDSWEPT DRIVE APT 205
LANTANA, FL 33962 US

Name and Address of New Registered Agent:

JOSE, MARTINEZ
P O BOX 9094
PORT ST LUCIE, FL 34985 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: JOSE MARTINEZ

04/07/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MARTINEZ, JOSE
Address: 2909 WINSWEPT DR STE 2054
City-St-Zip: LAKE WORTH, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MARTINEZ, JOSE
Address: P O BOX 9094
City-St-Zip: PORT ST LUCIE, FL 34985

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE MARTINEZ

PRES

04/07/2004

Electronic Signature of Signing Officer or Director

Date