2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 08:00 AM Secretary of State

3/14/06 (305) 595-047

DOCUMENT # P0100007514 1. Entity Name MARTIN INSURANCE SERVICES, INC.				
Principal Plac 8044 SW 11 MIAMI, FL 3	9 PLACE	Mailing Address 8044 SW 119 PLACE MIAMI, FL 33183		
DO NOT WRITE IN THIS SPACE				02012006 No Chg-F CR2E034 (11/05) 4. FEI Number Applied For Not Applied to Not A
				Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				
MARTIN, EDUARDO 8044 SW 119 PLACE MIAMI, FL 33185				DO NOT WRITE IN THIS SPACE
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, typed or printed name of registered agent and trille if applicable. (NOTE, Registered Agent signature required when reinstailing) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				5.00 May Be dded to Fees 04/14/08-80023-014 150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MARTIN, EDUARDO 8044 SW 119 PLACE MIAMI, FL 33185	RECTORS		
TITLE NAME STREET ADDRESS CHY-ST-ZIP				
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
HAME NAME STREET ADDRESS CXTY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental export is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office of the corporation or the receiver or trustee empowered to Elecute his upport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if				