2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90483 018 ***150.00

94066183

04232004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000047705

1. Entity Name
MARTCAB & EPCON, INC.

Principal Place of Business	Mailing Address
1222 SE 47 STREET SUITE 205 M-BOX A4 CAPE CORAL, FL 33904	1222 SE 47 STREET SUITE 205 M-BOX A4 CAPE CORAL, FL 33904

2. Principal Place of Business	3. Mailing Address
1222 SE 47th ST	1222 SE 47th ST
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201
City & State CAPE CORAL FL	City & State CAPE CORAL FL
Zip 33904 Country Lee	Zip 33904 Country Lee

4. FEI Number 04-3620465 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEDRAZA, ENRIQUE
1222 SE 47 ST SUITE 205
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name ENRIQUE PEDRAZA
Street Address (P.O. Box Number is Not Acceptable)
1222 SE 47th ST SUITE 201
City CAPE CORAL FL Zip Code 33904

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	P.	☑ Change ☐ Addition
NAME	PEDRAZA, ENRIQUE		NAME	PEDRAZA, ENRIQUE	
STREET ADDRESS	1222 SE 47 STREET SUITE 205 MBOX A4		STREET ADDRESS	1222 SE 47 ST SUITE 201	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	V	☐ Delete	TITLE	V	☑ Change ☐ Addition
NAME	MUSKUS, MARIA		NAME	MUSKUS, MARIA.	
STREET ADDRESS	1222 SE 47 STREET SUITE 205 MBOX A4		STREET ADDRESS	1222 SE 47 ST SUITE 201	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	CAPE CORAL, FL, 33904	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 607, 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] → ENRIQUE PEDRAZA (P) 04/23/04 (239) 5604559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #