
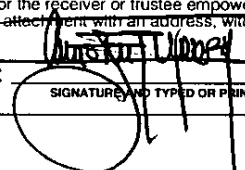


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90030 016 \*\*\*150.00

<b>DOCUMENT # P01000047705</b> 1. Entity Name <b>MARTCAB &amp; EPCON, INC.</b>					
Principal Place of Business <b>1222 SE 47TH STREET SUITE 201 CAPE CORAL, FL 33904 US</b>			Mailing Address <b>1222 SE 47TH STREET SUITE 201 CAPE CORAL, FL 33904 US</b>		
2. Principal Place of Business <b>1910 NE 17 PLACE</b> Suite, Apt. #, etc.			3. Mailing Address <b>1910 NE 17 PLACE</b> Suite, Apt. #, etc.		
City & State <b>CAPE CORAL FLORIDA</b> Zip <b>33909</b> Country <b>Lee</b>			City & State <b>CAPE CORAL FLORIDA</b> Zip <b>33909</b> Country <b>Lee</b>		
4. FEI Number <b>04-3620465</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PEDRAZA, ENRIQUE 1222 SE 47TH ST SUITE 201 CAPE CORAL, FL 33904</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>PEDRAZA, ENRIQUE</b> <input type="checkbox"/> Delete <b>1222 SE 47TH STREET, SUITE 201</b> <b>CAPE CORAL, FL 33904</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>PEDRAZA, ENRIQUE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1910 NE 17 PLACE</b> <b>CAPE CORAL FLORIDA 33909</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <input checked="" type="checkbox"/> Delete <b>MUSKUS, MARIA</b> <b>1222 SE 47TH STREET, SUITE 201</b> <b>CAPE CORAL, FL 33904</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 attached document with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			<b>PRESIDENT</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>03-21-05</b> Daytime Phone # <b>239 5604559</b>		