

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90079 010 ***150.00

DOCUMENT # P01000050148

1. Entity Name

J. MARTINEZ CARPENTRY CORP.



Principal Place of Business

8107 LAGOS DE CAMPOS BLVD
TAMARAC FL 33321

Mailing Address

8107 LAGOS DE CAMPOS BLVD
TAMARAC FL 33321

2. Principal Place of Business

8107 LAGOS DE CAMPOS
Suite, Apt. #, etc. 340

3. Mailing Address

8107 LAGOS DE CAMPOS SU
Suite, Apt. #, etc.

City & State

TAMARAC FLA
Zip 33321 Country BROWARD

City & State

TAMARAC FLORIDA
Zip 33321 Country BROWARD

4. FEI Number

65-1104692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, JESUS
8107 LAGOS DE CAMPOS BLVD
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

JESUS MARTINEZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

PRESIDENT

DATE

01/28/06

FILE NOW!!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MARTINEZ, JESUS
STREET ADDRESS 8107 LAGOS DE CAMPOS BLVD
CITY-ST-ZIP TAMARAC FL 33321

TITLE VD ☐ Delete
NAME MARTINEZ, EVELYN
STREET ADDRESS 8107 LAGOS DE CAMPO BLVD
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 726 0200
01/28/06 (954) 214 4495
Date Daytime Phone #