## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000086440

Entity Name: MARTBO ENTERPRISES, INC.

11270 N.W. 64TH TERRACE

MIAMI, FL 33178

Address:

City-St-Zip:

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:			New Principal Bloo	New Principal Place of Business:	
Current	rincipai Piace	or business:	New Principal Plac	e or Business:	
7702 S.W. MIAMI, FL	84TH PLACE 33143				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
7702 S.W. MIAMI, FL	84TH PLACE 33143				
FEI Number	: 65-1140382	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
	ORTENSIA 84TH PLACE 33143 US				
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( BRITO, ANTON 7702 S.W. 84T MIAMI, FL 331	H PLACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DS ( BRITO, HORTE 7702 S.W. 84T MIAMI, FL 331	H PLACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV ( BRITO-ANTON 11270 N.W. 64 MIAMI, FL 331	TH TERRACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	DT (	) Delete STO	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: HORTENSIA BRITO DS 04/21/2009