## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## **DOCUMENT # P02000046031** GENEVIEVE MARTINEZ, PA



**FILED** Apr 21, 2006 8:00 am Secretary of State 4/5

04-05-2006 90155 018 \*\*\*150.00

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|-------------------------------|---|-----------------|--|------------|---------------------------------------|--|-----------------------|---------------------------------------|--------------|-----------------------------|--|
| Principal Plac<br>888 BRICKEL | e of Business<br>LL KEY DRIVE #1210                           |                 | Meiling Address<br>888 BRICKELL KEY DRIVE #1210<br>MIAMI, FL 33131 |            |                                       |  |                       |                                       |              |                             |  |
| MAMI, FL 3                    |   |                 |  |            |                                       | 12 WYEEL 21 E  | POSTITION             |                                       |              |                             |  |
| 2. Principal P                | face of Business  | 3. Ma           | 3. Mailing Address   |            |                                       |  |                       |                                       |              |                             |  |
| Sulle, Apt.                   | #. etc.   | Suit            | Suite, Apt. #, etc.  |            |                                       |  | Chg-P                 | CR2E03                                | 4 (11/05)    |                             |  |
| City & Stat                   | θ   | City            | City & State   |            |                                       |  | 230                   |                                       | <u> </u>     | oplied For<br>at Applicable |  |
| Zip Country                   |   | Zip             | Zip Cou  |            |                                       | 5. Certificate of Status Desired S8.75 Additional Fee Required |                       |                                       | fitional     |                             |  |
|                               | 6. Name and Address of Curr                                   | ent Register    | ed Agent   | <u> </u>   |                                       | 7. Name and /  | ddress of New F       | legistered A                          | gent         |                             |  |
|                               |   |                 |  |            | Name                                  |  |                       |                                       |              |                             |  |
|                               | Z, GENEVIEVE<br>KELL KEY DRIVE #1210<br>33131                 |                 | Street Address   |            |                                       | s (P.O. Box Number is Not Acceptable)                          |                       |                                       |              |                             |  |
| 10,1, 01,1, 1 =               |   |                 |  |            | City                                  |  |                       |                                       | Zip Cod      | 6                           |  |
|                               |   |                 | $\mathcal{A}$  |            | _                                     |  |                       | <u> </u>                              |              |                             |  |
| 8. The above                  | named entity substits this statementions of registered agent. | nt the pur      | pose of changing its   | s register | ed office or regi                     | istered agent, or both   | , in the State of Flo | orida. I am fa                        | miliar with, | and accept                  |  |
|                               | The Total   |                 | Who -  | 1.         | 1-                                    |  |                       | 32                                    | 20/          | ථර                          |  |
| SIGNATURE                     | Signature, typed or printed rome or registered a              | peri and late a | 700500   | E Proper   | ti Acresi scontine (80                | sured when reinstating)  |                       | DATE                                  | <u> </u>     |                             |  |
|                               | · ·   | 1               | Z  |            |                                       | 1  |                       | · · · · · · · · · · · · · · · · · · · |              |                             |  |
| Fil<br>After M                | E NOW!!! FEE IS \$150.00<br>by 1, 2006 Fee will be \$55       | 50.00           | 9. Election Campa<br>Trust Fund Con                                |            |                                       | \$5.00 May Be<br>Added to Fees                                 |                       |                                       |              |                             |  |
| 10.                           | OFFICERS A  | ND DIRECTO      | )PS  | 11.        |                                       | ADDITIONS/C  | HANGES TO OFF         | ICERS AND                             | DIRECTOR     | S IN 11                     |  |
| TITLE                         | PO  | D Delete        |  |            | £                                     | <del></del>  |                       |                                       | Change       | Addition                    |  |
| NAME                          | MARTINEZ, GENEVIEVE   |                 |  | NAV        | -                                     |  |                       |                                       |              |                             |  |
| STREET ADDRESS                | 888 BRICKELL KEY DRIVE #                                      | 1210            |  |            | ET ADDRESS                            |  |                       |                                       |              |                             |  |
| CITY-ST-ZIP                   | MIAMI, FL 33131   |                 |  |            | 7-57-ZIP                              | · .  | <del></del>           |                                       |              | PT A carri                  |  |
| HILE                          | ļ   |                 | Delete   | TITL       | - 1                                   |  |                       |                                       | Change       | Addition                    |  |
| NAME<br>STREET ADDRESS        |   |                 |  |            | EET ADDRESS                           |  |                       |                                       |              |                             |  |
| CITY-ST-ZIP                   |   |                 |  |            | -ST-ZIP                               |  |                       |                                       |              |                             |  |
| FILE                          | <u> </u>  |                 | Detete   | गा         |                                       |  |                       |                                       | Change       | Addition                    |  |
| NAME                          | ]   |                 | LJ OCIAC   | 144        | 1                                     |  |                       |                                       |              |                             |  |
| STREET ADDRESS                | 1   |                 |  | STR        | EET ADDRESS                           |  |                       |                                       |              |                             |  |
| CITY ST-ZIP                   | 1   |                 |  | CETY       | r-ST-ZIP                              |  |                       |                                       |              |                             |  |
| TITLE                         |   |                 | Defete   | TITL       | £                                     |  |                       |                                       | Change       | ☐ Addition                  |  |
| NAVÉ                          |   |                 |  | NAN        | Œ                                     |  |                       |                                       |              |                             |  |
| STREET ADDRESS                |   |                 |  | 1          | eet adoress                           |  |                       |                                       |              |                             |  |
| CITY - ST - ZIP               | <u></u>   |                 | _  | CIL)       | -ST-ZIP                               |  |                       |                                       |              | <u></u>                     |  |
| ME                            |   |                 | Delete   | חות        | ٤                                     |  |                       |                                       | Change       | Addition                    |  |
| NAME                          |   |                 |  | NAA        |                                       |  |                       |                                       |              |                             |  |
| STREET ADDRESS                |   |                 |  |            | EET ADDRESS                           |  |                       |                                       |              |                             |  |
| CTTY-ST-ZIP                   | <u> </u>  |                 | <u> </u>   | cm         | r-ST-ZIP                              |  |                       |                                       |              |                             |  |
| ग्रा∟E                        |   |                 | Delete   | Ħι         |                                       |  |                       |                                       | Change       | Addition                    |  |
| HANE                          |   |                 |  | NA         |                                       |  |                       |                                       |              |                             |  |
| SZBROCA TEENTZ                | 1   |                 |  |            | EET ADDRESS                           |  |                       |                                       |              |                             |  |
| CITY-ST-ZIP                   | 1   |                 |  | L CU       | -ST-ZIP                               |  |                       |                                       |              |                             |  |

12. I hereby certily 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 report is true and accurate and that my signature shall have the same legal effect as if made under early, that I am an afficer 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.

\*\*The composition of 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.

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