2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2007 08:00 A Secretary of State DOCUMENT # P02000046031 1. Entity Name GENEVIEVE MARTINEZ, PA Principal Place of Business Mailing Address 888 BRICKELL KEY DRIVE #1210 888 BRICKELL KEY DRIVE #1210 MIAMI, FL 33131 -MIAMI, FL 33131 CR2E034 (11/05) 02232007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3652230 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MARTINEZ, GENEVIEVE 888 BRICKELL KEY DRIVE #1210 IN THIS SPACE MIAMI, FL 33131 8. The above named entity sybmits 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 regit (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MARTINEZ, GENEVIEVE NAME 888 BRICKELL KEY DRIVE #1210 STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP TITLE U00000663286 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify 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 inclicated 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

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED