


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90102 038 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P02000060718</b><br>1. Entity Name<br>ELIAS MARTINEZ COURT REPORTER INC |  |
|---|---|

|  |   |
|--|---|
| Principal Place of Business<br>7841 NW 179 TE<br>MIAMI LAKES, FL 33016 | Mailing Address<br>7841 NW 179 TE<br>108<br>MIAMI LAKES, FL 33016 |
|--|---|

50028563

|   |   |
|---|---|
| 2. Principal Place of Business<br>7841 NW 169 TE<br>Suite, Apt. #, etc. | 3. Mailing Address<br>7841 NW 169 TE<br>Suite, Apt. #, etc. |
|---|---|



03112005 Chg-P CR2E034 (10/03)

|                                |                                |
|--------------------------------|--------------------------------|
| City & State<br>Miami Lakes FL | City & State<br>Miami Lakes FL |
| Zip<br>33016                   | Country<br>USA                 |

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>75-3064296 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>MARTINEZ, ELIAS<br>6955 NW 173 DRIVE<br>108<br>MIAMI, FL 33015 |  |
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|   |  |
|---|--|
| 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>7841 NW 169 TE<br>City<br>Miami Lakes FL Zip Code<br>33016 |  |
|---|--|

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:  DATE: 3-14-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MARTINEZ, ELIAS<br>6955 NW 173 DRIVE #108<br>MIAMI, FL 33015 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 7841 NW 169 TE<br>Miami Lakes, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>PORTAL, DAYIRI<br>6955 NW 173 DRIVE #108<br>MIAMI, FL 33015 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 7841 NW 169 TE<br>Miami Lakes, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 attachment with an address with all other like empowered.

SIGNATURE:  DATE: 3-14-05 788-683-5154  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR