


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000018638	
1. Entity Name MARZ MARTINEZ MAINTENANCE, INC.	

Principal Place of Business 1387 NW 31 AVE., APT. B MIAMI, FL 33125	Mailing Address 1387 NW 31 AVE., APT. B MIAMI, FL 33125
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DO NOT WRITE IN THIS SPACE



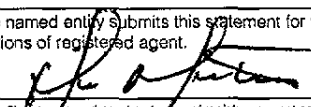
04212006 No Chg-P CR2E034 (11/05)

4. FEI Number 45-0502360	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARTINEZ, MARZ 1387 NW 31 AVE., APT. B MIAMI, FL 33125
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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: **4-21-06**

(NOTE: Registered Agent signature required when reinstating)

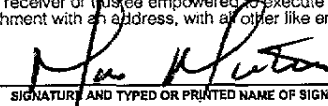
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, MARZ 1387 NW 31 AVE., APT. B MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ, CLEUDIS A 1387 NW 31 AVE., APT. B MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BARAHONA, PEDRO 1387 NW 31 AVE., APT. B MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/04/06-80080-016 150.00

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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 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: **4-21-06** (786) 402-5927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR