


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90981 007 ***158.75

DOCUMENT # P03000030913					
1. Entity Name JUAN A. MARTINEZ, INC.					
Principal Place of Business 2105 22ND STREET WEST BRADENTON, FL 34205			Mailing Address 2105 22ND STREET WEST BRADENTON, FL 34205		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 45-0506376	
				Applied For Not Applicable	
5. Certificate of Status Desired: <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04262005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARTINEZ, JUAN A 2105 22ND STREET WEST BRADENTON, FL 34205			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTINEZ, JUAN A		NAME		
STREET ADDRESS	2105 22ND STREET WEST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, ALBERT M		NAME	Morales, Albert M.	
STREET ADDRESS	2105 22ND STREET WEST		STREET ADDRESS	1101 23rd. Ave. West	
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP	Bradenton, FL 34205	
TITLE	TRES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, DEBORAH A		NAME		
STREET ADDRESS	2105 22ND STREET WEST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34205		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Deborah A Martinez / Deborah A Martinez</u>			Date: <u>7/27/05</u>		Daytime Phone #: <u>941-708-4070</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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