## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 17, 2006 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State		
pocu	MENT # P03000049		}	~ cor com j	01 8 11110		
1, Entity Name				{			
MARTIN TRUCK ENTERPRISE, INC.				{			
}				{			
<u></u>		LAW A.		1			
· ·	ce of Business	Mailing Address		1			
2180 SW 10 MIAMI, FL 3		2180 SW 10TH STREET Miami, FL 33135					
Mirawi, FL 3	23122	MINIMI, I'E 33133		{			
						E## \$\$## \$\$\$# \$\$#######################	
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_	A MAT MINITE	^=	03122006	No Chg-P CR2E	234 (11/05)		
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb	er	Applied For	
			03-0		7004	Not Applicabl	
}				5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current f	legistered Agent	<u> </u>	<u> </u>		100110441104	
			]			_	
PADILLA, AURORA 2180 SW 10TH STREET			DO NOT WRITE				
MIAMI, FL 33135			_				
			1	11/4	THIS SPACE	=	
			1				
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							
	tions of registered agent.	1 0			_		
SIGNATURE - AUTOTA TAC			dilla	3/14/06			
0,0,1,7,0,1,2	Signature, typed or printed name registered agent as	d title if applicable (NOTE: Registere	ed Agent signature required	d when reinstating)	- DATE		
		S. Flancian Communication Cinn	i #F	00			
FILE NOWIJI FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  **Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND E	MRECTORS	-				
TITLE NAME	PADILLA, AURORA	•					
STREET ADDRESS	2180 SW 10TH STREET		1				
CHTY-ST-ZIP	MIAMI, FL 33135		i				
TITLE			1				
NAME			1		(())))))))471111	4	
STREET ADDRESS			1		######################################	-001 150.00	
CHY-ST-ZIP	<u></u>		1				
TITLE	}		ł				
NAME STREET ADDRESS			i			_	
CITY-ST-ZIP			1	DO	<b>NOT WRITE</b>		
			-1				
TITLE NAME	}		1	IN	THIS SPACE	<b>:</b>	
STREET ADDRESS	1	,	}				
CITY-ST-ZIP			1				
TITLE			1				
NAME			1				
STREET ADDRESS			1				
CHY-SI-21P	<u> </u>		4				
TeTI I	1		2				

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 cath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

AUTOTA Padilla
STGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/06 305.836-6905