

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000050084

Entity Name: MARTZ IV, INC.

**FILED**  
**Aug 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2711 N.W. 19TH STREET  
POMPAÑO BEACH, FL 33069

**New Principal Place of Business:**

5790 LA GORCE CIRCLE  
LAKE WORTH, FL 33463

**Current Mailing Address:**

P.O. BOX 667377  
POMPAÑO BEACH, FL 33066

**New Mailing Address:**

5790 LA GORCE CIRCLE  
LAKE WORTH, FL 33463

FEI Number: 01-0782303

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTINEZ, CARLOS  
5790 LA GORCE CIRCLE  
LAKE WORTH, FL 33463 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTSD  
Name: MARTINEZ, CARLOS  
Address: 5790 LA GORCE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

Title: VD  
Name: MARTINEZ, MARIE  
Address: 5790 LA GORCE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS MARTINEZ

PRES

08/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date