

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90016 031 \*\*\*150.00

<b>DOCUMENT # P03000111877</b> 1. Entity Name <b>MARTE AUTO REPAIR AND TIRE, INC.</b>					
Principal Place of Business <b>9781 SOUTH ORANGE BLOSSOM TRAIL SUITE 8-9 ORLANDO, FL 33837</b>			Mailing Address <b>9781 SOUTH ORANGE BLOSSOM TRAIL SUITE 8-9 ORLANDO, FL 33837</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>20-0300812</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> <b>MARTE, HARRY</b> <b>9781 SOUTH ORANGE BLOSSOM TRAIL</b> <b>SUITE 8-9</b> <b>ORLANDO, FL 33837</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>JOHNNY MARTE</b> Street Address (P.O. Box Number is Not Acceptable) <b>9781 S. ORANGE Blossom Trail STE 8-9</b> City <b>ORLANDO</b> FL Zip Code <b>33837</b>		
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 <i>Johnny Marte</i> DATE <b>01/07/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTE, HARRY R 16452 SW 75TH STREET MIAMI, FL 33193	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHNNY MARTE 1106 VAN LIEU CT KISSIMMEE FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
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: <i>Johnny Marte</i>		Date <b>01/07/05</b> Daytime Phone #			