


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90202 011 ***150.00

DOCUMENT # P04000010430	
1. Entity Name JORGE MARTINEZ CORPORATION	

Principal Place of Business 3875 NW 165 STREET MIAMI, FL 33054	Mailing Address 3875 NW 165 STREET MIAMI, FL 33054
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40084140

2. Principal Place of Business 19323 NW 48 AVENUE	3. Mailing Address 19323 NW 48 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04152005 Chg-P CR2E034 (10/03)

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 20-0597782	Applied For <input type="checkbox"/> Not Applicable
Zip 33055	Country USA	Zip 33055	Country USA

6. Name and Address of Current Registered Agent MARTINEZ, JORGE 3875 NW 165 STREET MIAMI, FL 33054		7. Name and Address of New Registered Agent Name JORGE MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 19323 NW 48 AVENUE City MIAMI FL Zip Code 33055	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, JORGE 3875 NW 165 STREET MIAMI, FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINEZ, JORGE 3875 NW 165 STREET MIAMI, FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, JORGE 3875 NW 165 STREET MIAMI, FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JORGE MARTINEZ 19323 NW 48 AVENUE MIAMI, FL 33055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JORGE MARTINEZ 19323 NW 48 AVENUE MIAMI, FL 33055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JORGE MARTINEZ 19323 NW 48 AVENUE MIAMI, FL 33055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **04/25/05 226/285 4804**
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #