



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000012939 1. Entity Name C. MARTINEZ STRUCTURES CORPORATION	
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FILED
06 APR 27 AM 11:38
TALLAHASSEE, FLORIDA

Principal Place of Business 435 HIALEAH DR SUITE 9 HIALEAH, FL 33010	Mailing Address 435 HIALEAH DR SUITE 9 HIALEAH, FL 33010
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DO NOT WRITE IN THIS SPACE

	
04112006 No Chg-P	CR2E034 (11/05)
4. FEI Number 20-0658683	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARTINEZ, CARLOS O 7020 RUE GRANVILLE MIAMI BCH, FL 33141	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, CARLOS O 2316 BAY DR #16 MIAMI BCH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SILES, NORMA SUSANA 2316 BAY DR #16 MIAMI BCH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Handwritten Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

600074151976
05/08/06--01018--006 **160.00

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 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: *[Handwritten Signature]* _____ Date: 04-11-06 Daytime Phone #: CEL = 786-344-1801