

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000012939

1. Entity Name
C. MARTINEZ STRUCTURES CORPORATION



Principal Place of Business

435 HIALEAH DR
SUITE 9
HIALEAH, FL 33010

Mailing Address

435 HIALEAH DR
SUITE 9
HIALEAH, FL 33010

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 ☒ \$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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTINEZ, CARLOS O
STREET ADDRESS	2316 BAY DR #16
CITY-ST-ZIP	MIAMI BCH, FL 33141
TITLE	V
NAME	SILES, NORMA SUSANA
STREET ADDRESS	2316 BAY DR #16
CITY-ST-ZIP	MIAMI BCH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

**DO NOT WRITE
IN THIS SPACE**

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: *Carlos O Martinez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-06

Date

CEL = 786-344-1801

Daytime Phone #