


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90036 016 \*\*\*158.75

<b>DOCUMENT # P04000012939</b> 1. Entity Name <b>C. MARTINEZ STRUCTURES CORPORATION</b>	
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Principal Place of Business <b>435 HIALEAH DR SUITE 9 HIALEAH, FL 33010</b>	Mailing Address <b>435 HIALEAH DR SUITE 9 HIALEAH, FL 33010</b>
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400008000



2. Principal Place of Business - No P.O. Box # <b>4799 E 10th Ln</b>	3. Mailing Address <b>4799 E 10th Ln</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01302007 Chg-P CR2E034 (12/06)

City & State <b>HIALEAH, FL</b>	City & State <b>HIALEAH, FLORIDA</b>	4. FEI Number <b>20-0658683</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33013</b>	Country <b>DADE</b>	Zip <b>33013</b>	Country <b>DADE</b>
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MARTINEZ, CARLOS O 7020 RUE GRANVILLE MIAMI BCH, FL 33141</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<b>FL</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MARTINEZ, CARLOS O 2316 BAY DR #16 MIAMI BCH, FL 33141</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SILES, NORMA SUSANA 2316 BAY DR #16 MIAMI BCH, FL 33141</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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:**  **01-30-07** **786-319-2397**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #