


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000013846</b>		
1. Entity Name <b>MARTEN METALWORKS, INC.</b>		
Principal Place of Business <b>2121 NW 139TH STREET UNIT 7 OPA LOCKA, FL 33054</b>	Mailing Address <b>1120-102ND ST STE 23 BAY HARBOR, FL 33154</b>	



05032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0561779</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TEN HOOPEN, JOSEPH  
1120-102ND ST STE 23  
BAY HARBOR, FL 33154**

**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 reinsuring)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000782171  
05/25/07-80086-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TEN HOOPEN, JOSEPH 1120-102ND ST STE 23 BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARRERO, ABELARDO 10190 EAST BAY HARBOR DRIVE, STE E6 BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEN HOOPEN, LISETTE 1120-102ND ST STE 23 BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARRERO, GREGORY 10190 EAST BAY HARBOR DRIVE, STE E6 BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-07**

Date

**305 505-6881**

Daytime Phone #