


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2006 8:00 am**  
**Secretary of State**

08-24-2006 90064 010 \*\*\*150.00

DOCUMENT # P04000015731		
1. Entity Name MARTINEZ QUALITY FINISHERS, INC.		

Principal Place of Business 25 SOUTH 6TH STREET HAINES CITY, FL 33844	Mailing Address 25 SOUTH 6TH STREET HAINES CITY, FL 33844
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2. Principal Place of Business 1919 DRUM DR Suite, Apt. #, etc.	3. Mailing Address 1919 DRUM DR Suite, Apt. #, etc.
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City & State Kissimmee, FL	City & State Kissimmee, FL	4. FEI Number 20-0714570	Applied For <input type="checkbox"/> Not Applicable
Zip 34759	Country USA	Zip 34759	Country USA

6. Name and Address of Current Registered Agent MARTINEZ, JOSE N 25 SOUTH 6TH STREET HAINES CITY, FL 33844		7. Name and Address of New Registered Agent Name: MARTINEZ, JOSE N Street Address (P.O. Box Number is Not Acceptable) 1919 DRUM DR City: Kissimmee FL Zip Code: 34759	
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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: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, JOSE N 25 SOUTH 6TH STREET HAINES CITY, FL 33844 <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
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: [Signature] 8/24/06  
\_\_\_\_\_  
Date Daytime Phone #