2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037000

Address:

City-St-Zip:

Entity Name: MARTINI DEVELOPMENT CORP

FILED Feb 27, 2007 Secretary of State

	100 100 (101)	BEVELOT WENT CONT.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
4920 SW 9 COOPER	94 WAY CITY, FL 3332	28 US	11214 PINI #143 PEMBROK	ES BLVD. (E PINES, FL 3	33026 US	
Current Mailing Address:			New Maili	New Mailing Address:		
11214 PIN # 143 PEMBROK	ES BLVD. KE PINES, FL	33026 US				
FEI Number:	: 20-0788841	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
LILIANA M 11214 PIN #143 PEMBROR		33026 US				
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered of	fice or registered agent, or both,	
SIGNATUR	RE:					
	Electro	nic Signature of Registered Ag	jent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	MARTINI, LILÌA 11214 PINES I		Title: Name: Address: City-St-Zip:	()	Change()Addition	
Title: Name: Address: City-St-Zip:	MARTINI, PABI	H STREET, #314	Title: Name: Address: City-St-Zip:	VP (X) MARTINI, PABLO 11214 PINES BI FT. LAUDERDAI	.VD. #143	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	S () SOTO, GIL 11214 PINES BI PEMBROKE PIN		
Title: Name:	() Delete	Title: Name:	S () PEREZ. ERNIE	Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LILIANA MARTINI P 02/27/2007

11214 PINES BLVD., #143

PEMBROKE PINES, FL 33026