2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000041636

1. Entity Name
MTZ & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4159 N DIXIE HWY	~~4159 N DIXIE HWY~~
POMPANO BEACH, FL 33064	~~POMPANO BEACH, FL~~ 33064

1156 N.W. 72 AVE
Suite 555
Miami F
33126

ᴼᵁᵁ33470

04192006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-0826511		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, GUILLERMO
302 S DIXIE HWY
LAKE WORTH, FL 33460

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, GUILLERMO
STREET ADDRESS	302 S DIXIE HWY
CITY-ST-ZIP	LAKE WORTH, FL 33460

TITLE	V
NAME	TAVAREZ, ALBERTO
STREET ADDRESS	1724 SAWGRASS CIR
CITY-ST-ZIP	GREENACRES, FL 33413

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____   *Alberto Tavarez,*   *4/20/06*   *305-994-9532*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #