

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-09-2005 90051-039 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

DOCUMENT # P04000077411 1. Entity Name MARTIN MECHANICAL DOMINICAN REPUBLIC ELECTRICAL RESTORATION PROGRAM, INC.																													
Principal Place of Business 1166 S. PATRICK DR. SATELLITE BCH FL 32937			Mailing Address 1166 S. PATRICK DR. SATELLITE BCH FL 32937																										
2. Principal Place of Business <i>1166 S. PATRICK DR.</i> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State <i>SAT BCH FLA</i> Zip <i>32937</i>		City & State Zip <i>32937</i>		Country <i>SPAIN</i>																									
4. FEI Number <i>86-1145049</i>				Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MARTIN, MILTON S 1166 S. PATRICK DR. SATELLITE BCH FL 32937																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 <i>Milton Martin</i> DATE <i>2/30/05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MARTIN, MILTON S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1166 S. PATRICK DR.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>SATELLITE BCH FL 32937</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	MARTIN, MILTON S		STREET ADDRESS	1166 S. PATRICK DR.		CITY- ST- ZIP	SATELLITE BCH FL 32937		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Milton Martin</i> 321-773-7161 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													