


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90223 017 \*\*\*150.00

P04000117645

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 12 AM 8:26

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| <b>DOCUMENT # P04000117645</b><br>1. Entity Name<br><b>MARTINEZ &amp; SONS CONSTRUCTION INC.</b> |  |
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|---|---|
| Principal Place of Business<br><b>11264 SW 91 TER<br/>MIAMI, FL 33176</b> | Mailing Address<br><b>11264 SW 91 TER<br/>MIAMI, FL 33176</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country |
|---|---|



06222005    Chg-P    CR2E034 (10/03)

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| 4. FEI Number<br><b>20-1483681</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|   |   |
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| <b>6. Name and Address of Current Registered Agent</b><br>MARTINEZ, DAGOBERTO<br>11264 SW 91 TER<br>MIAMI, FL 33176 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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: *Dagoberto Martinez* **DAGOBERTO MARTINEZ** 6/22/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPS<br>MARTINEZ, DAGOBERTO<br>11264 SW 91 TER<br>MIAMI, FL 33176<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: *Dagoberto Martinez* **DAGOBERTO MARTINEZ** 6/22/05  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #