


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90080 017 ***150.00

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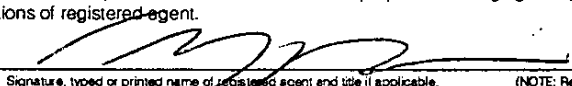
DOCUMENT # P04000121843			
1. Entity Name MARTINEZ CELAYA, INC.			
Principal Place of Business 630 NE 8TH AVE. DELRAY BEACH, FL 33483		Mailing Address 630 NE 8TH AVE. DELRAY BEACH, FL 33483	
2. Principal Place of Business 630 NE 8th ST		3. Mailing Address 630 NE 8th ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach		City & State Delray Beach	
Zip 33483	Country Palm Beach	Zip 33483	Country Palm Beach
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS RD #221E PALM BCH GARDENS, FL 33410			
7. Name and Address of New Registered Agent Name Enrique Martinez Celaya Street Address (P.O. Box Number is Not Acceptable) 630 NE 8th ST City Delray Beach FL Zip Code 33483			

08012005 Chg-P CR2E034 (10/03)

4. FEI Number **95-4810399** Applied For
Not Applicable

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

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 **8/1/05**

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CELAYA, ENRIQUE M 630 NE 8TH AVE. DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	630 NE 8th Street <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/1/05**

Daytime Phone #