

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:**  
**Secretary of S**

DOCUMENT # P04000149350

Entity Name  
**MARTE INVESTMENTS, INC.**



Principal Place of Business  
**7556 MUTINY AVE  
 NORTH BAY VILLAGE, FL 33141**

Mailing Address  
**7556 MUTINY AVE  
 NORTH BAY VILLAGE, FL 33141**



01202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3793838** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DICKI N. SALOMON  
 7556 MUTINY AVE  
 NORTH BAY VILLAGE, FL 33141**

**DO NOT WRITE  
 IN THIS SPACE**

I, 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

U00000338003  
 01/30/06-80079-003 150.00

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

7. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**OFFICERS AND DIRECTORS**

NAME: **D  
 TERAN, MARCELO**  
 STREET ADDRESS: **7556 MUTINY AVE**  
 CITY-ST-ZIP: **NORTH BAY VILLAGE, FL 33141**

NAME: **D  
 TERAN, MARGARITA**  
 STREET ADDRESS: **7556 MUTINY AVE**  
 CITY-ST-ZIP: **NORTH BAY VILLAGE, FL 33141**

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 in an attachment with an address, with all other like empowered

SIGNATURE: *Erika W. Sala*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Erika W. Sala**

**01/20/06**

DATE

**305-757-2882**

PHONE NUMBER