


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000149350

1. 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
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01102007 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 <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUCKI N, SALOMON
7556 MUTINY AVE
NORTH BAY VILLAGE, FL 33141

**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERAN, MARCELO 7556 MUTINY AVE NORTH BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERAN, MARGARITA 7556 MUTINY AVE NORTH BAY VILLAGE, FL 33141
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IN THIS SPACE**

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: Marcelo Teran MARCELO TERAN 1-10-07 305-305-1419

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