2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 03, 2008 08:00 A Secretary of State DOCUMENT # P04000149350 MARTE INVESTMENTS, INC. Principal Place of Business Mailing Address **7556 MUTINY AVE** 7556 MUTINY AVE NORTH BAY VILLAGE, FL 33141 NORTH BAY VILLAGE, FL 33141 02142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3793838 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **LUCKI N, SALOMON** DO NOT WRITE 7556 MUTINY AVE NORTH BAY VILLAGE, FL 33141 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME TERAN, MARCELO STREET ADDRESS 7556 MUTINY AVE CITY-ST-ZIP NORTH BAY VILLAGE, FL 33141 TITLE U00000846654 03/18/08-80037-004 150.nn TERAN, MARGARITA STREET ADDRESS 7556 MUTINY AVE NORTH BAY VILLAGE, FL 33141 CITY - ST- ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

NAME STREET ADDRESS CITY-ST-ZIP

MEDICULELLY MANCELO TERAN - PRESIDENT BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 **7** -

305-305-1410

FILED

Daytime Phone #