

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000172693

1. Entity Name
MARTI CONSTRUCTION, INC.



FILED

2006 SEP 18 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
300 SUNRISE DRIVE #1-D
KEY BISCAVNE, FL 33149 US

Mailing Address
300 SUNRISE DRIVE #1-D
KEY BISCAVNE, FL 33149 US



09132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1712561
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTI, ARTURO
300 SUNRISE DRIVE # 1-D
KEY BISCAVNE, FL 33149

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00
Due by September 15, 2006**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MARTI, ARTURO
300 SUNRISE DRIVE 1-D
KEY BISCAVNE, FL 33149

TITLE
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100080026191
09/21/06--01023--006 **150.00

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IN THIS SPACE

3 9/18/06

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 13 2006 1786-419-5034
Date Day to Phone