

FILED
May 08, 2006 8:00 am
Secretary of State

04-18-2006 90085 007 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000001813

1. Entity Name
MARTINEZ CLEANING SERVICE, INC.



Principal Place of Business
2001 SETON DRIVE
CLEARWATER, FL 33763 US

Mailing Address
2001 SETON DRIVE
CLEARWATER, FL 33763 US

66015115



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

04132008 Chg-P CR2E034 (11/05)

4. FEI Number

20-1943621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, MARTHA
2001 SETON DRIVE
CLEARWATER, FL 33763

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 releasing.

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GONZALEZ, MARTHA ☐ Delete
STREET ADDRESS 2001 SETON DRIVE
CITY- ST- ZIP CLEARWATER, FL 33763

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VP
NAME TEPETATE, JAVIER ☐ Delete
STREET ADDRESS 2001 SETON DRIVE
CITY- ST- ZIP CLEARWATER, FL 33763

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE SEC.
NAME GONZALEZ, AURELIO ☐ Delete
STREET ADDRESS 2001 SETON DRIVE
CITY- ST- ZIP CLEARWATER, FL 33763

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-14-06