

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90228 001 \*\*\*\*\*8.45  
04-20-2006 90228 002 \*\*\*150.00

<b>DOCUMENT # P05000017457</b>					
<b>1. Entity Name</b> MARTCAO DESIGN CORPORATION					
<b>Principal Place of Business</b> 19255 NE 10 AVENUE 508 NORTH MIAMI, FL 33179 US			<b>Mailing Address</b> 19255 NE 10 AVENUE 508 NORTH MIAMI, FL 33179 US		
<b>2. Principal Place of Business</b> 1143 WESLACO ST SE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1143 WESLACO ST SE Suite, Apt. #, etc.			
<b>City &amp; State</b> PALM BAY, FL		<b>City &amp; State</b> PALM BAY, FL		<b>4. FEI Number</b> 20-2278739	
<b>Zip</b> 32909		<b>Country</b> BREVARD		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MARTINEZ, JULIO C 19255 NE 10 AVENUE 508 NORTH MIAMI, FL 33179			<b>7. Name and Address of New Registered Agent</b> Name: MARTINEZ, JULIO C. Street Address (P.O. Box Number is Not Acceptable): 1143 WESLACO ST SE City: PALM BAY FL Zip Code: 32909		
<b>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.</b> SIGNATURE:  DATE: 04-17-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTINEZ, JULIO C 19255 NE 10 AVENUE SUITE 508 NORTH MIAMI, FL 33179		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b>			04-17-06		321 848 8057
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>