


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90019 034 \*\*\*150.00

DOCUMENT # P05000023713					
1. Entity Name MARTIQUE CORPORATION					
Principal Place of Business 5634 CYPRESS CREEK DR GRANT, FL 32949 US		Mailing Address PO BOX 61933 PALM BAY, FL 32906 US			
2. Principal Place of Business - No P.O. Box # 15961 S.W. 143 <sup>rd</sup> Ln Suite, Apt. #, etc.		3. Mailing Address 15961 S.W. 143 <sup>rd</sup> Ln Suite, Apt. #, etc.			
City & State Kendall, Florida		City & State Kendall, Florida		4. FEI Number 20-2340048	
Zip 33196		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVERMORE, MONIQUE A 5634 CYPRESS CREEK DRIVE GRANT, FL 32949			7. Name and Address of New Registered Agent Name Levermore, Monique Street Address (P.O. Box Number is Not Acceptable) 15961 S.W. 143 <sup>rd</sup> Ln City Kendall FL Zip Code 33196		
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: <u>MA Levermore</u> DATE: <u>4/18/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P,D <input type="checkbox"/> Delete	TITLE	P,D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVERMORE, MONIQUE A	NAME	Levermore, Monique		
STREET ADDRESS	P. O. BOX 61933	STREET ADDRESS	15961 S.W. 143 <sup>rd</sup> Ln		
CITY-ST-ZIP	PALM BAY, FL 32906	CITY-ST-ZIP	Kendall, Florida 33196		
TITLE	VPD <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARTOLONE, MARK A	NAME	Bartolone, Mark A		
STREET ADDRESS	PO BOX 61933	STREET ADDRESS	15961 S.W. 143 <sup>rd</sup> Ln		
CITY-ST-ZIP	PALM BAY, FL 32906	CITY-ST-ZIP	Kendall, FL 33196		
TITLE	VPD <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVERMORE, OSWALD	NAME	Levermore, Oswald		
STREET ADDRESS	14865 SW 166TH ST	STREET ADDRESS	14865 S.W. 166 St.		
CITY-ST-ZIP	KENDALL, FL 33187	CITY-ST-ZIP	Kendall, FL 33187		
TITLE	VPCD <input type="checkbox"/> Delete	TITLE	VPCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVERMORE, JACQUELINE M	NAME	Levermore, Jacqueline		
STREET ADDRESS	4242 BUENA VISTA ST UNIT 3	STREET ADDRESS	14865 S.W. 166 St.		
CITY-ST-ZIP	DALLAS, TX 75205	CITY-ST-ZIP	Kendall, FL 33187		
TITLE	TD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVERMORE, CLAUDETTE M	NAME	Levermore, Claudette		
STREET ADDRESS	14865 SW 166TH ST	STREET ADDRESS	14865 S.W. 166 Street		
CITY-ST-ZIP	KENDALL, FL 33187	CITY-ST-ZIP	Kendall, FL 33187		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u>MA Levermore</u>			DATE: <u>4/18/08</u> (305) 763-9095		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		