

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90330 015 \*\*\*150.00

**DOCUMENT # P05000101427**

1. Entity Name  
**MARTINEZ LEIVA CONSTRUCTION INC**



Principal Place of Business  
**5244 DAMASCUS RD SOUTH  
JACKSONVILLE, FL 32207**

Mailing Address  
**5244 DAMASCUS RD SOUTH  
JACKSONVILLE, FL 32207**

**50010412**



2. Principal Place of Business

**4450 Vancouver Dr**

3. Mailing Address

**4450 Vancouver Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006 Chg-P CR2E034 (11/05)

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

Zip

**32207**

Country

**Doval**

Zip

**32207**

Country

**Doval**

4. FEI Number

**20-3175225**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MARTINEZ, SANDRA  
5244 DAMASCUS RD SOUTH  
JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent

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 reinstating)

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

TITLE **P** ☐ Delete  
NAME **MARTINEZ, SANDRA**  
STREET ADDRESS **5244 DAMASCUS RD SOUTH**  
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **VP** ☐ Delete  
NAME **MARTINEZ, ESTEBAN**  
STREET ADDRESS **5244 DAMASCUS RD SOUTH**  
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition  
NAME **Director**  
STREET ADDRESS **Jase Guadalupe Barbosa**  
CITY-ST-ZIP **4450 Vancouver Dr Jacksonville, FL 32207**

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

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

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: **Esteban Martinez L.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-6-06**  
Date

**904-759-8585**  
Daytime Phone #