FILED

2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 08:00 AN Secretary of State **DOCUMENT # P05000132589** MARTECH PROPERTIES CORP. Mailing Address Principal Place of Business 13711 SW 18TH CT. 13711 SW 18TH CT. **DAVIE, FL 33325 DAVIE, FL 33325** DONG TWEETINE HIS SEXCE. 04172008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 20-3556049 Not Applicable \$8.75 Additional Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent MARQUEZ, REYNALDO 13711 SW 18TH CT. DAVIE, FL 33325 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. 1 am familiar with; and accept the obligations of registered agent.

05/21/08-80087-016 150.00 SIGNATURE— Signesure, typed or printed name of registered agent and title if explicable. DATE (NOTE: Projection developed Agent signalure required when reinstaling) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TYTLE MARQUEZ, REYNALDO NAME 13711 SW 18TH CT. STREET ADDRESS **DAVIE, FL 33325** CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-51-7/P TITLE - His Water Core NAME STREET ADDRESS C#4-21-51P TITLE . NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP BILLE NAME: STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the examptions 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 a made under cath; that I am an officer or director of the corporation or the faceiver of functee empowared 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: Cayline Phone # ED NAME OF MONTHS OFFICER OR DIRECTOR