


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90003 016 \*\*\*150.00

<b>DOCUMENT # P05000138238</b> 1. Entity Name <b>THE MARTEL GROUP CORPORATION</b>			
Principal Place of Business <b>207 Harbour Pointe way</b> <b>Greenacres, FL 33413</b>		Mailing Address <b>207 Harbour Pointe way</b> <b>Greenacres, FL 33413</b>	
2. Principal Place of Business <b>207 Harbour Pointe way</b> Suite, Apt. #, etc.		3. Mailing Address <b>207 Harbour Pointe way</b> Suite, Apt. #, etc.	
City & State <b>Greenacres, Fl.</b>		City & State <b>Greenacres, Fl.</b>	
Zip <b>33413</b>		Zip <b>33413</b>	
Country		Country	
4. FEI Number <b>20-3635707</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GASTELBONDO, ELEYDA B</b> <b>207 Harbour Pointe way</b> <b>Greenacres, FL 33413</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <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>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	NAME <b>GASTELBONDO, ELEYDA B</b>	TITLE 	NAME 
STREET ADDRESS <b>207 Harbour Pointe way</b>	CITY-ST-ZIP <b>Greenacres, FL 33413</b>	STREET ADDRESS 	CITY-ST-ZIP 
TITLE <b>ST</b>	NAME <b>REYES, MARTIN J</b>	TITLE 	NAME 
STREET ADDRESS <b>207 Harbour Pointe way</b>	CITY-ST-ZIP <b>Greenacres, FL 33413</b>	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP 
TITLE 	NAME 	TITLE 	NAME 
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TITLE 	NAME 	TITLE 	NAME 
STREET ADDRESS 	CITY-ST-ZIP 	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: <u>Eleyda B. Gastelbondo</u> <b>ELEYDA B. GASTELBONDO - Pres.</b> 8/15/16 954.578-4130			