

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 17 AM 8:10

DOCUMENT # P05000139251

1. Entity Name
MARTI TUB & SHOWER ENCLOSURES CORP.



Principal Place of Business

666 NW 35 ST.,
STE. 2
MIAMI, FL 33127

Mailing Address

666 NW 35 ST.,
STE. 2
MIAMI, FL 33127

2. Principal Place of Business - No P.O. Box #

1994 NW 47 Terr.

3. Mailing Address

1994 NW 47 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09152008

Chg-P

CR2E034 (12/06)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

20-4821488

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

33142

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTI, DIONELO JOSE
1994 NW 47 TERRACE
MIAMI, FL 33136

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 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

TITLE DP
NAME MARTI, DIONELO JOSE
STREET ADDRESS 1994 NW 47 TERRACE
CITY-ST-ZIP MIAMI, FL 33136 ☐ Delete

TITLE DVS
NAME MARTI, DAINIER
STREET ADDRESS 1994 NW 47 TERRACE
CITY-ST-ZIP MIAMI, FL 33136 ☐ Delete

TITLE D
NAME MARTI, DIONEL
STREET ADDRESS 1994 NW 47 TERRACE
CITY-ST-ZIP MIAMI, FL 33136 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200136160905
09/19/08--01049--006 ***150.00

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
B 9/18/08

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/15/08. 786.222.0222