


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90076 004 ***150.00

DOCUMENT # P06000021326

1. Entity Name
MARTORELL'S OFFICE CORP



Principal Place of Business Mailing Address

9618 FONTAINEBLEAU BLVD **9618 FONTAINEBLEAU BLVD**
MIAMI, FL 33172 **MIAMI, FL 33172**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03072007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-4308823 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARTORELL, JEREMIAS
20839 NW 4 STREET
PEMBROKE PINES, FL 33029

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	MARTORELL, JEREMIAS	20839 NW 4 STREET	PEMBROKE PINES, FL 33029	<input type="checkbox"/>
V	MARTORELL, ROBERTO	9000 SW 11 STREET	MIAMI, FL 33174	<input type="checkbox"/>
S	DIAZ, VIVIAN	9000 SW 11 STREET	MIAMI, FL 33174	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	MARTORELL, ROBERTO	703 NW 111 TH CT APT # 3	MIAMI, FL 33174	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	DIAZ, VIVIAN	703 NW 111 TH CT APT # 3	MIAMI, FL 33174	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **03/07/2007** **305.2276136**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #