

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90053 035 \*\*\*150.00



## DOCUMENT # 1

1. Entity Name

THE BIG STRENGTH CORPORATION

Principal Place of Business

5617 SW 32 STREET  
DAVIE FL 33314

Mailing Address

5617 SW 32 STREET  
DAVIE FL 33314

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

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-5127702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

NAVARRO, MALINATZIN S  
5617 SW 32 STREET  
DAVIE FL 33314

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: P  
NAME: MARTINEZ, JOSE E  
STREET ADDRESS: 5617 SW 32 STREET  
CITY, ST, ZIP: DAVIE FL 33314 ☐ Delete

TITLE: VP  
NAME: NAVARRO, MALINATZIN S  
STREET ADDRESS: 5617 SW 32 STREET  
CITY, ST, ZIP: DAVIE FL 33314 ☐ Delete

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY, ST, ZIP:

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CITY, ST, ZIP:

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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:

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STREET ADDRESS:  
CITY, ST, ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, and all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE E. Martinez

1/31/07 (754)3669992

Date

Daytime Phone #