

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000140904

**FILED**  
**Apr 24, 2007**  
**Secretary of State**

**Entity Name:** MARTHA ESTRADA, P.A.

**Current Principal Place of Business:**

C/O ATER REGISTERED AGENTS LLC  
2601 SOUTH BAYSHORE DRIVE SUITE 700  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

C/O CEL REGISTERED AGENTS LLC  
2601 SOUTH BAYSHORE DRIVE SUITE 700  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

C/O ATER REGISTERED AGENTS LLC  
2601 SOUTH BAYSHORE DRIVE SUITE 700  
COCONUT GROVE, FL 33133

**New Mailing Address:**

C/O CEL REGISTERED AGENTS LLC  
2601 SOUTH BAYSHORE DRIVE SUITE 700  
COCONUT GROVE, FL 33133

**FEI Number:** 20-5868876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ATER REGISTERED AGENTS, LLC  
2601 SOUTH BAYSHORE DRIVE SUITE 600  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

CEL REGISTERED AGENTS, LLC  
2601 SOUTH BAYSHORE DRIVE SUITE 600  
COCONUT GROVE, FL 33133 US

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.

SIGNATURE: SANTIAGO ELJAIK, MANAGER

04/24/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: ESTRADA, MARTHA  
Address: 430 SW 136TH PLACE  
City-St-Zip: MIAMI, FL 33184

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA ESTRADA

PSTD

04/24/2007

Electronic Signature of Signing Officer or Director

Date