2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000142824

Entity Name: HD MARTINEZ INSURANCE GROUP INC.

FILED Jan 29, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6365 TAFT HOLLYWO	ST #1005 OOD, FL 33024				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
6365 TAFT HOLLYWO	ST #1005 OOD, FL 33024		16002 NW 83 CT MIAMI LAKES, FL 330	16	
FEI Number:	61-1512554	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
6365 TAFT	Z, HECTOR D - ST #1005 OOD, FL 33024	. US			
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MARTINEZ, HEG 6365 TAFT ST # HOLLYWOOD,	1005	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: HECTOR D MARTINEZ P 01/29/2008