2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000011548

Entity Name: MARTINEZ CARE INC.

FILED Sep 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2024 SW 61 AVE 7440 NW 2 ST MIAMI, FL 33155 MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

2024 SW 61 AVE 7440 NW 2 ST MIAMI, FL 33155 MIAMI, FL 33126

FEI Number: 26-2116416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARTINEZ, MADY
2024 SW 61 AVE
MIAMI, FL 33155
US

MARTINEZ, MADY
7440 NW 2 ST
MIAMI, FL 33126
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: MADY MARTINEZ 09/23/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 MARTINEZ, MADY
 Name:
 MARTINEZ, MADY

 Address:
 2024 SW 61 AVE
 Address:
 7440 NW 2 ST

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 MIAMI, FL 33126

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 MILANES, MADY
 Name:
 GARCIA, ELOY D VP

 Address:
 2024 SW 61 AVE
 Address:
 7440 NW 2 ST

 City-St-Zip:
 MIAMI, FL 33155
 City-St-Zip:
 MIAMI, FL 33126

Title: () Delete Title: O () Change (X) Addition Name: RODRIGUEZ, REYNALDO O

 Address:
 Address:
 Address:
 7440 NW 2 ST

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33126

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: MADY MARTINEZ P 09/23/2009