

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000090721

FILED
Aug 31, 2009
Secretary of State**Entity Name:** MARTH CORPORATION**Current Principal Place of Business:**5.000 OLDE KERRY DR.
ORLANDO, FL 32837 US**New Principal Place of Business:****Current Mailing Address:**5.000 OLDE KERRY DR.
ORLANDO, FL 32837 US**New Mailing Address:****FEI Number:** 26-3503992**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LARSON ACCOUNTING & CONSULTING SERV. LLC
8818 COMMODITY CIRCLE
SUITE 40
ORLANDO, FL 32819 US**Name and Address of New Registered Agent:**LARSON ACCOUNTING & CONSULTING SERV. LLC
8810 COMMODITY CIRCLE
SUITE 17
ORLANDO, FL 32819 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: CAROLINE LARSON

08/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOYOS, GUIDO
Address: 5000 OLDE KERRY DR
City-St-Zip: ORLANDO, FL 32837

Title: VP () Delete
Name: PEREYRA, ROSA
Address: 5000 OLD KERRY DR
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: PERRUCCI SOBRINHO, ARTHUR
Address: 7944 VILLA DR
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: PERRUCCI, MARIZA M
Address: 7944 VILLA DRIVE
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: PERRUCCI, ARTHUR JR
Address: ALAMEDA PAULO GONXALVES, 63 APT 10-A
City-St-Zip: SAO VICENTE, SP - BRAZIL,

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D () Change (X) Addition
Name: MALAVASI, CLAUDIA
Address: 5000 OLDE KERRY DR
City-St-Zip: ORLANDO, FL 32837

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: CLAUDIA MALAVASI

D

08/31/2009

Electronic Signature of Signing Officer or Director

Date