

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90103 032 ***150.00

DOCUMENT # P93000044931

1. Entity Name
GISELA MARTIN & ASSOCIATES, INC.



| | |
|--|--|
| Principal Place of Business 285 SEVILLA AVE 2ND FLOOR CORAL GABLES, FL 33134 US | Mailing Address 285 SEVILLA AVE 2ND FLOOR CORAL GABLES, FL 33134 US |
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20002255



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| 2. Principal Place of Business 1335 SW 87th Avenue Suite, Apt. #, etc. | 3. Mailing Address 1335 SW 87th Avenue Suite, Apt. #, etc. |
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01052006 Chg-P CR2E034 (11/05)

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|----------------------------------|----------------------------------|------------------------------------|--|
| City & State Miami, FL | City & State Miami, FL | 4. FEI Number 65-0419947 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33174 | Country U.S.A. | Zip 33174 | Country U.S.A. |

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|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|---|

6. Name and Address of Current Registered Agent

SHUTTS & BOWEN
350 EAST LAS OLAS BLVD SUITE 2000
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

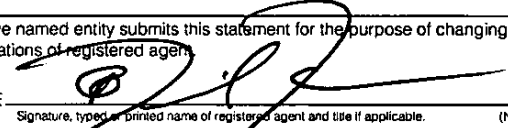
Name
Daniel A. Zabudowski, Esq.

Street Address (P.O. Box Number is Not Acceptable)

One E. Broward Blvd., Ste. 1010

City
Ft. Lauderdale **FL** Zip Code
33301

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  DATE **01-11-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MORALES-MARTIN, GISELA 285 SEVILLA AVE CORAL GABLES, FL 33134 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

SIGNATURE:  DATE: **1/17/06** DAYTIME PHONE #: **305/448-9943**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR