## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000011040

Address:

City-St-Zip:

PO BOX 151436

TAMPA, FL 33684

FILED Apr 30, 2009 Secretary of State

| Entity Nar   | me: MART                                  | INEZ AND COMPANY, INC.   |   | •  |  |
|--|---|--|---|--|--|
| Current Principal Place of Business:                           |   |  | New Principal Plac                          | New Principal Place of Business:                                 |  |
| 2522 N DALE MABRY HWY<br>TAMPA, FL 33607 US                    |   |  | 5903 IDLE FOREST<br>TAMPA, FL 33614         | 5903 IDLE FOREST PLACE<br>TAMPA, FL 33614 US                     |  |
| Current Mailing Address:                                       |   |  | New Mailing Addre                           | New Mailing Address:   |  |
| P.O. BOX<br>TAMPA, F   |   |  |   |  |  |
| FEI Number:  | : 59-3229668                              | FEI Number Applied For()   | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )                                |  |
| Name and Address of Current Registered Agent:                  |   |  | Name and Address                            | Name and Address of New Registered Agent:                        |  |
| MARTINEZ, DALILAH<br>5903 IDLE FOREST PL<br>TAMPA, FL 33614 US |   |  |   | MARTINEZ, DALILAH T<br>5903 IDLE FOREST PL<br>TAMPA, FL 33614 US |  |
| The above in the State   | named ent<br>e of Florida.                | ity submits this statement for the                                 | purpose of changing its registe             | red office or registered agent, or both,                         |  |
| SIGNATURE: DALILAH T. MARTINEZ                                 |   |  |   | 04/30/2009   |  |
| Election Car   |   | tronic Signature of Registered Accing Trust Fund Contribution ( ). | gent  | Date   |  |
| OFFICERS AND DIRECTORS:  |   |  | ADDITIONS/CHAN                              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:                     |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                    | P<br>MARTINEZ,<br>PO BOX 15<br>TAMPA, FL  | 1436   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:                    | VP<br>MARTINEZ,<br>PO BOX 15<br>TAMPA, FL | 1436   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition  |  |
| Title:<br>Name:  | ST<br>MARTINEZ.                           | ( ) Delete   | Title:<br>Name:                             | ( ) 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.

Address:

City-St-Zip:

SIGNATURE: DALILAH T MARTINEZ ST 04/30/2009