

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000091772	
1. Entity Name MARTINI FAMILY ENTERPRISES, INC.	

Principal Place of Business 2655 LEJEUNE RD. SUITE 1101 CORAL GABLES FL 33134	Mailing Address 2655 LEJEUNE RD. SUITE 1101 CORAL GABLES FL 33134
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0547568	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARTINI, GREGORY T 2655 LEJEUNE RD. SUITE 1101 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME MARTINI, GREGORY T		NAME	
STREET ADDRESS 2655 LEJEUNE RD, SUITE 1101		STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33134		CITY-ST-ZIP	
TITLE V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME MARTINI, THOMAS		NAME	
STREET ADDRESS 4220 SANTA MARIA STREET		STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33146		CITY-ST-ZIP	
TITLE S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME DUBIN, KOREL M		NAME	
STREET ADDRESS 14650 SW 81 AVE		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33158		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

1100000422893
02/17/06-80035-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 persons empowered.

SIGNATURE: *[Signature]* President 2/1/06 315-448-3900