


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90038 004 \*\*\*150.00

<b>DOCUMENT # P95000028068</b>					
<b>1. Entity Name</b> MARTINS-SOMRAK CORP.					
<b>Principal Place of Business</b> 4048 EVANS AVE. 301-A FORT MYERS, FL 33901 US			<b>Mailing Address</b> 4048 EVANS AVE 301-A FORT MYERS, FL 33901 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 2533 Chiquita Blvd		<b>3. Mailing Address</b> P.O. Box 60282			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Cape Coral FL		<b>City &amp; State</b> FORT MYERS FL		<b>4. FEI Number</b> 59-3315827	
<b>Zip</b> 33914		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>Zip</b> 33906		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SOMRAK, JAMES A 4048 EVANS AVE #301-A FORT MYERS, FL 33901			<b>7. Name and Address of New Registered Agent</b> Name <u>JAMES A. SomRAK</u> Street Address (P.O. Box Number is Not Acceptable) <u>2533 Chiquita Blvd.</u> City <u>Cape Coral</u> <b>FL</b> Zip Code <u>33914</u>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Trust Fund Contribution.</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> SOMRAK, JAMES A	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 15472-1 ADMIRALTY CIR	<b>CITY - ST - ZIP</b> FORT MYERS, FL 33917		<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
<b>TITLE</b> VPD	<b>NAME</b> MARTINS, BERNARD S	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 14974 MAHOG COURT	<b>CITY - ST - ZIP</b> FORT MYERS, FL 33908		<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<input type="checkbox"/> Delete		<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete		<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<input type="checkbox"/> Delete		<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete		<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>James A. Somrak</u>			Date <u>2/5/07</u>		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		