## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 07, 2008 8:00 am Secretary of State

Principal Place of Business   Majling Address   S330 SW 25 ST   MMMH, FL 33155   MMMH, FL 3	DOCUMENT # P95000041837  1. Entity Name MART'S ACCOUNTING COMPANY					·	. Secretary of State - 03-07-2008 90043 043 ***150.00			
8.330 SW 25 ST   MAMI, FL 33155   MAMI	Principal Place of Business Mailing Address					<del></del>				
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Sultio, Apt. #, etc.    City & State   City & State   City & State   A FEI Number   AS-0586233   Applied For					1488988	IID TOTOL ONLY COM COM	ME <b>Gaill Brack</b> of Plays (1918) 2011 (8	PIEST (LIEN)		
City & State  Country  Country  Country  S. Conflictate of Status Desired  \$5.75 Additional Feeds  \$5.75 Additional Feeds  \$5.75 Additional Feeds  T. Name and Address of New Registered Agent  Name  Name  Name  Sheel Address (P.O. Box Number is Not Acceptable)  Sheel Address (P.O. Box Number is Not Accepta	Principal Place of Business - No P.O. Box # 3. Mailing Addre			3S						
Zip Country Zip Country S. Certificate of Status Desired   \$8.75 Addition   \$9.75 Addition	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02292008	3 Chg-P	CR2E034 (12/06)		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  SUBMAIN The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIG	City & State		City & State				<del></del>	· · · · · · · · · · · · · · · · · · ·		
MARTINEZ, MAIDA C 8330 SW 25 ST MIAMI, FL 33155    City   FL   Zip Code	Zip	Country	Zip	Count	ry	5. Certifica	te of Status Desired			
### Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. Name ai	nd Address of New F	Registered Agent		
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	MADTINE	Z MAIDA C			Name					
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat					Street Address (P.O. Box Number is Not Acceptable)					
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  Signatur	MIAMI, FL 33155						<del>,</del>			
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signatu										
SIGNATURE Synature typed or printed raine of registered agent and blind applicable. (NOTE: Registered Agent signature required when reinstating):    Particle   Parti					City			FL Zip Cod	le	
After May 1, 2008 Fee will be \$550.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MARTINEZ, MAIDA C 8330 SW 25 ST CITY-ST-2P  MIAMI, FL 33155  TITLE ORACE, MAIMI, FL 33155  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE										
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Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   P										
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		partifu that the information curcling with	this filing does not qualify to			ained in Chanter 1	19 Florida Statutos I	further certify that the is	nformation	

2. I hereby certify that the information supplied with this filling does not qualify for me exemptions contained in Chapter 119, Priorial statutes. Filling that I am another minoritation indicated on this report or suppliemental 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:

SIGNATURE AND TYPED OR PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR

129/08 305-264-173