2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2006 8:00 am Secretary of State **DOCUMENT # P95000049717** 05-04-2006 90199 019 ***150.00 GOLD MART CORP. Principal Place of Business Mailing Address 2366 1/2 E. SUNRISE BLVD 2366 1/2 E. SUNRISE BLVD FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33304 04252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0599996 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTINEZ, JORGE DO NOT WRITE 1484 NE 57TH CT FORT LAUDERDALE, FL 33334 IN THIS SPACE 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 reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MARTINEZ, JORGE NAME 1484 NE 57TH CT STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33334 VP TITLE NAME MARTNEZ, ALBA STREET ADDRESS 1484 NE 57TH CT CITY-ST-ZIP FORT LAUDERDALE, FL 33334 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITEF NAME STREET ADDRESS CITY-ST-7IP TITLE

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 eath; that I am an officer or director of the corporation or the receiver or trustee employered 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 attachr with an address

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

ER OR DIRECTOR

FILED