


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000058909
1. Entity Name
M.R.T. INVESTMENT, CORP.



Principal Place of Business
7901 W. 25 AVE B-3
HIALEAH, FL 33016

Mailing Address
7901 W. 25 AVE B-3
HIALEAH, FL 33016



DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0685004 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RAFULS, RICHARD
7901 W. 25 AVE B-3
HIALEAH, FL 33016

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	TORREN, LUIS
STREET ADDRESS	7901 W. 25 AVE B-3
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	PD
NAME	RAFULS, RICHARD
STREET ADDRESS	7901 W. 25 AVE B-3
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	SD
NAME	MARRERO, HECTOR
STREET ADDRESS	7901 W. 25 AVE B-3
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/07-80045-016 150.00

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IN THIS SPACE**

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.

SIGNATURE: *Hector Marrero* HECTOR MARRERO 1/11/07 (305) 883-2281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #