2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2007 08:00 A Secretary of State

ANNOAL REPORT					111	~	00.
DOCUMENT # P9700032017 1. Entity Name KATHERINE A. MARTINEZ, P.A.				Secretary of Sta			
Principal Plac	ce of Business	Mailing Address	- CALL	_			
77 MARTINIO		Mailing Address 77 MARTINIQUE AVE					
TAMPA, FL 33606 US TAMPA, FL 33606 US							
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			03152007 No Chg-P CR2E034 (11/05)				
	O NOT WRITE	CE .	4. FEI Numb			Applied For	
				59-345		-	Not Applicable
	•			5. Certificate	of Status Desired	□ \$8.75	5 Additional
	6. Name and Address of Current Ro	roletered Agent	1			Fee Re	equired
	v. Harris and Address of Garrent No.	Sherolog Wholic					
MARTINEZ, KATHERINE A				DO	NOT W	RITE	
77 MARTINIQUE AVE TAMPA, FL 33606				•	*		
17.W. 7.1 E 30000				IN T	THIS SP	'ACE	
					a. Su	ı	
8. The above	named entity submits this statement for	he pursose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	: orid∎. Lam familiar	with and accept
the obligat	tions of registered agent		A II		/		
SIGNATURE.	lathe Itta	to Preso	ent \	/ KAN	/) 3	7 - XX - 0	07
DIGITATION E	Signature, typed or printed name of profistered agent end	ittle i applicable. (NO E: Registere	d Agent signature required	whoe reinstaling)		D/TE	
		9. Election Campaign Finar	ncina ¢ 5	.00 May Be			
After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	'		led to Fees			
10.	OFFICERS AND DI	RECTORS	T .				
TITLE	P	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
NAME	MARTINEZ, KATHERINE A					**	
STREET ADDRESS	77 MARTINIQUE AVE						
CITY-ST-ZIP	TAMPA, FL 33606		-	,			
TITLE NAME	MARTINEZ, KATHERINE A	•			o voc)00068328:	
STREET ADDRESS	77 MARTINIQUE AVE			, '	U47U5/	/07-80039	-003 150.QO
CITY-ST-ZIP	TAMPA, FL 33606						•
TITLE							
NAME				•			
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STREET ADDRESS]
CITY-ST-ZIP	,	•				•	
TITLE			1				
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STREET ADDRESS CITY-ST-ZIP			ľ		2' 1	,	the section
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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 addless, with all other like empowered.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: Lath Watherine Wartinez (Precident) 3-28-07 (813) 857SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR