2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000036494 FILED 1. Entity Name MARTIN & SONS BUILDING, INC. 05 SEP 28 PM 3: 29 SEUNLIARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 7401 NW 8 ST - BAY NORTH 7401 NW 8 ST - BAY NORTH BAY -M BAY -M MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address 7401 NW 8th STREET 7401 NW 8th STREET Auite, Apt. #, etc. Suite, Apt. #, etc. 09132005 Chg-P CR2E034 (10/03) SUITE N SUITE N City & State Čity & State / 4. FEI Number Applied For 65-0747455 MIAMI, FLORIDA Not Applicable MIAMI, FLORIDA Country \$8.75 Additional 5. Certificate of Status Desired 33126 33126 Fee Required b. ...ame and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTIN, EDUARDO 7401 NW 8 ST BAY-' N Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33126-2928 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTS TITLE Delete TITLE Change Addition 7401 NW 8TH STREET MARTIN, EDUARDO NAME NAME SUITE N STREET ADDRESS 7401 NW 8ST BAY-M STREET ADDRESS MIAMI, FLORIDA 33126 CITY-ST-ZIP MIAMI, FL 33126 CITY+ST-ZIP **X**Change TITLE Delete TITLE ■ Addition 7401 NW 8TH STREET MARTIN ISABEL NAME NAME SUITE N 7401 NW 8ST BAY-M STREET ADDRESS STREET ADDRESS MIAMI, FLORIDA 33126 CITY-ST-ZIP MIAMI, FL 33126 CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Addition 500060089115 NAME NAME 09/29/05--01071--009 **61. STREET ADDRESS STREET ADDRESS CITY-ST-7/P--City-St-Zii-TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-702 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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 attachm t with an address, with all other like em 9/21/2005 305 264-0421 SIGNATURE Davigne Phone