


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90099 040 ***150.00

DOCUMENT # P97000041414 1. Entity Name L. MARTINEZ PERDOMO, P.A.					
Principal Place of Business 1804 S.W. 100 AVENUE MIAMI, FL 33165			Mailing Address 1804 S.W. 100 AVENUE MIAMI, FL 33165		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0751033	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PERDOMO, LIDIA 1804 S.W. 100 AVENUE MIAMI, FL 33165				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PERDUMO, LIDIA 1804 S.W. 100 AVENUE MIAMI, FL 33165	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PERDOMO, LIDIA 1804 SW 100 AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTINEZ, LIDIA E 1804 S.W. 100 AVENUE MIAMI, FL 33165	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINEZ, ANTONINO JR. 1804 SW 100 AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINEZ, ANTONINO SR 1804 S.W. 100 AVENUE MIAMI, FL 33165	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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04262007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0751033

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

FL Zip Code

5.00 May Be Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)

DPS PERDOMO, LIDIA
1804 SW 100 AVE
MIAMI, FL 33165

TD MARTINEZ, ANTONINO JR.
1804 SW 100 AVE
MIAMI, FL 33165

TD MARTINEZ, ANTONINO SR
1804 S.W. 100 AVENUE
MIAMI, FL 33165

TD MARTINEZ, ANTONINO SR
1804 S.W. 100 AVENUE
MIAMI, FL 33165

TD MARTINEZ, ANTONINO SR
1804 S.W. 100 AVENUE
MIAMI, FL 33165

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1804 S.W. 100 AVENUE
MIAMI, FL 33165

4/24/07 303) 366-102