

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90062 042 \*\*\*150.00



**DOCUMENT # P98000000986**  
 1. Entity Name  
**MARTINEZ INDUSTRIES, INC.**

Principal Place of Business: **8000 26TH ST VERO BEACH FL 32969**  
 Mailing Address: **P.O. BOX 690365 VERO BEACH FL 32969 US**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Country: \_\_\_\_\_

10010000  
  
 1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent  
**MARTINEZ, JOSE GERARDO**  
**153 N CYPRESS ST**  
**FELLSMERE FL 32948**

4. FEI Number: **59-3489231**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** 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 the obligations of registered agent.  
 SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE: <b>P</b> NAME: <b>MARTINEZ, LUIS</b> STREET ADDRESS: <b>153 NORTH CYPRESS STREET</b> CITY-ST-ZIP: <b>FELLSMERE FL 32948</b>	<input type="checkbox"/> Delete
TITLE: <b>VP</b> NAME: <b>MARTINEZ, JULIO</b> STREET ADDRESS: <b>153 NORTH CYPRESS STREET</b> CITY-ST-ZIP: <b>FELLSMERE FL 32948</b>	<input type="checkbox"/> Delete
TITLE: <b>TS</b> NAME: <b>MARTINEZ, JOSE</b> STREET ADDRESS: <b>153 NORTH CYPRESS STREET</b> CITY-ST-ZIP: <b>FELLSMERE FL 32948</b>	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>P</b> NAME: <b>Martinez, Luis</b> STREET ADDRESS: <b>4911 Southwinds Trail</b> CITY-ST-ZIP: <b>Fort Pierce FL 34951</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>VP</b> NAME: <b>Martinez, Julio</b> STREET ADDRESS: <b>4192 Roseland Road</b> CITY-ST-ZIP: <b>Sebastian FL 32958</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>TS</b> NAME: <b>Martinez Jose</b> STREET ADDRESS: <b>853 19th Street</b> CITY-ST-ZIP: <b>Ver0 Beach FL 32960</b>	<input checked="" 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"/> 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 exemption stated in Section 119.07(3)(i), 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 another like empowered.

**SIGNATURE:** \_\_\_\_\_ **Director 1/26/05**  
 SIGNATURE AND FULLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR