


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90186 039 \*\*\*158.75

<b>DOCUMENT # P98000011790</b>	
<b>1. Entity Name</b> MARTIN SPECIALTIES IMPORT & EXPORT CORPORATION	

<b>Principal Place of Business</b> 2654 SE BROADUS DRIVE ARCADIA FL 34266	<b>Mailing Address</b> P.O. BOX 2775 ARCADIA FL 34265
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<b>2. Principal Place of Business</b> 3898 NW CRESTWOOD ST	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b> ARCADIA, FL 34266	<b>City &amp; State</b>
<b>Zip</b> 34266	<b>Country</b> USA



1st MOORE CR2E034 (10/05)

<b>4. FEI Number</b> 59-3480702	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> QUEZADA, MARTIN M 219 N OSCEOLA AVENUE ARCADIA FL 34266	
<b>7. Name and Address of New Registered Agent</b> Name: QUEZADA, MARTIN M Street Address (P.O. Box Number is Not Acceptable): 3898 NW CRESTWOOD ST City: ARCADIA, FL Zip Code: 34266	

☒ 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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> V	<input type="checkbox"/> Delete	<b>TITLE</b> PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> QUEZADA, MARTIN M		<b>NAME</b> QUEZADA, MARTIN M	
<b>STREET ADDRESS</b> 219 N. OSCEOLA AVENUE		<b>STREET ADDRESS</b> 3898 NW CRESTWOOD ST	
<b>CITY-ST-ZIP</b> ARCADIA FL 34266		<b>CITY-ST-ZIP</b> ARCADIA, FL 34266	
<b>TITLE</b> P	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> BROADUS, TERESA D		<b>NAME</b>	
<b>STREET ADDRESS</b> PO BOX 2775		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> ARCADIA FL 34265		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **MARTIN M QUEZADA** **2-14-06** **863-494-4422**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #