

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P98000056975

1. Entity Name

CARLOS MARTIN ARCHITECTS, INC.



**FILED**

**Mar 14, 2006 08:00 AM**  
**Secretary of State**



Principal Place of Business

5100 WEST COPANS ROAD  
#700  
MARGATE FL 33063

Mailing Address

5100 WEST COPANS ROAD  
#700  
MARGATE FL 33063

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0849424

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FEINSTEIN, MICHAEL L  
888 EAST LAS OLAS BOULEVARD  
SUITE 700  
FORT LAUDERDALE FL 33301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$650.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May B.  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
MARTIN, CARLOS A  
10644 NW 68TH CT  
PARKLAND FL 33076

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000487536  
03/23/06-80052-010 150.00

Change

Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
MARTIN, LINDA  
10644 NW 68TH COURT  
PARKLAND FL 33076

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

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CITY-ST-ZIP

Delete

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STREET ADDRESS  
CITY-ST-ZIP

Change

Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

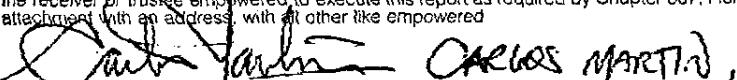
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Add

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:

 Carlos Martin, Pres 3/10/06 954-979-2051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #