2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Feb 08, 2005 8:00 am **Secretary of State DOCUMENT # \$34829** 1. Entity Name 02-08-2005 90018 029 \*\*\*158.75 FERRER & MARTE INC. Principal Place of Business Mailing Address 150 N 28TH AVE HOLLYWOOD FL 33020 1520 N 28TH AVE HOLLYWOOD FL 33020 US 50012122 2. Principal Place of Business 1520 N. 28 th AVE 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0293469 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTE, PEDRO Street Address (P.O. Box Number is Not Acceptable) 1520 N 28TH AVE HOLLYWOOD FL 33020 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 the obligations of pegistered agent. (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. Addition TITLE ☐ Delete TITLE ☐ Change MARTE, PEDRO NAME NAME 1520 N 28 AVE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition MARTE, MARISEL NAME NAME 1520 N 28 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33020 CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SE-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete 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 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.

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