2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: X

Feb 03, 2006 08:00 AM DOCUMENT # V54618 **Secretary of State** 1. Enlity Name FERNAN MARTINEZ COMMUNICATIONS, INC. Mailing Address Principal Place of Business 180 NE 39TH STREET 180 NE 39TH STREET 212 MIAMI FL 33137 MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0399409 Not Applicat Zip Country \$8.75 Additional Ø 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARTINEZ, FERNAN Street Address (P.O. Box Number is Not Acceptable) 180 NE 39TH STREET 212 **MIAMI FL 33137** Zip Code 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 accert the obligations of registered age President Fernan Martinez SIGNATURE X FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete HILE Change U00000416099 02/13/06-80002-003 158.75 NAME MARTINEZ, FERNAN NAME STREET ACCRESS STREET ADDRESS 180 NE 39TH STREET .CITY-SI-ZIP CITY-ST-Z# MIAMI FL 33137 ☐ Delete HRE T Change Add Add TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ETAC: TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-IP CITY-ST-ZIP HILE ☐ Defete TIRE ☐ Change □ Ad-NAME NAME STREET ADDRESS STREET ADDRESS CATY - ST- 702 CITY-ST-ZIP ☐ Change Delete Class TITLE $\tau \pi \epsilon$ MAME NAME STREET ADURESS STREET ADDRESS CITY-ST-ZIP CITY- \$7-21P ☐ Delete ITTLE ☐ Change D M TITLE NAME STREET ADDRESS STREET ADDRESS City-St-Zip EHY-ST-DP 12. Thereby 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 informatindicated 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 different files 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 if changed, or on an attackment with an address, with all other like empowered.

FILED