


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90087 029 \*\*\*150.00

**DOCUMENT # 573366**

1. Entity Name  
**MAR-PLATA, INC.**



Principal Place of Business      Mailing Address

~~806 DOUGLAS RD~~      ~~806 DOUGLAS RD~~  
~~SUITE 580~~      ~~SUITE 580~~  
**CORAL GABLES, FL 33134**      **CORAL GABLES, FL 33134**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**355 Alhambra Circle,**      **355 Alhambra Circle,**  
**Suite 801**      **Suite 801**  
**Coral Gables, Florida**      **Coral Gables, Florida**  
**33134**      **33134**      **US**      **US**

4. FEI Number      Applied For

**65-0256485**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

01222008      Chg-P      CR2E034 (12/06)



6. Name and Address of Current Registered Agent

**REGISTERED AGENT CORPORATE SERVICES, INC**  
~~806 DOUGLAS RD~~  
~~STE 580~~  
**CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

**Name**  
**REGISTERED AGENT CORPORATE SERVICES INC.**  
**Street Address**  
**355 Alhambra Circle, Suite 801**  
**City**  
**Coral Gables, FL 33134**

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]*      DATE: 3/11/08

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD QUINONEZ, RICARDO <del>806 DOUGLAS RD, STE 580</del> CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 355 Alhambra Circle, Suite 801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE QUINONEZ, EVANGELINA <del>806 DOUGLAS RD, STE 580</del> CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 355 Alhambra Circle, Suite 801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 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: *[Signature]*      Date: 4/15/08      Day/Time Phone #: 7863648480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day/Time Phone #