2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007566

Entity Name: MARADENTRO, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
11155 NW 70TH ST MIAMI, FL 33178	11155 NW 70TH ST DORAL, FL 33178

Current Mailing Address:	**New Mailing Address:**
11155 NW 70TH ST MIAMI, FL 33178	11155 NW 70TH ST DORAL, FL 33178

FEI Number: 20-2371370   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SCHEUREN, MARIEVA 11155 NW 70TH ST MIAMI, FL 33178 US	SCHEUREN, MARIEVA 11155 NW 70TH ST DORAL, FL 33178 US

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.

SIGNATURE: MARIEVA SCHEUREN   04/13/2009
           Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	SCHEUREN, MARIEVA	Name:	SCHEUREN, MARIEVA
Address:	11155 NW 70TH ST	Address:	11155 NW 70TH ST
City-St-Zip:	MIAMI, FL 33178	City-St-Zip:	DORAL, FL 33178
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	SCHEUREN, EDUARDO	Name:	SCHEUREN, EDUARDO
Address:	11155 NW 70TH ST	Address:	11155 NW 70TH ST
City-St-Zip:	MIAMI, FL 33178	City-St-Zip:	DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARIEVA SCHEUREN   MGRM   04/13/2009
      Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date