


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90399 049 \*\*\*150.00

**DOCUMENT # P02000036096**

1. Entity Name  
**MARIA SOL CORPORATION**



Principal Place of Business      Mailing Address

4320 WEST BROWARD BOULEVARD  
 SUITE 5  
 PLANTATION, FL 33317

4320 WEST BROWARD BOULEVARD  
 SUITE 5  
 PLANTATION, FL 33317

2. Principal Place of Business      3. Mailing Address

7225 N.W. 68th St.  
 Suite, Apt. #, etc.  
 Suite # 5


7225 N.W. 68th St.  
 Suite, Apt. #, etc.  
 Suite # 5

City & State      City & State

Miami, FL      Miami, FL

Zip      Country      Zip      Country

33166-3017      US      33166-3017      US



01052004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

04-3635132      Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ, FERNANDO  
 4320 WEST BROWARD BOULEVARD  
 SUITE 5  
 PLANTATION, FL 33317

7. Name and Address of New Registered Agent

Name      SANCHEZ, FERNANDO

Street Address (P.O. Box Number is Not Acceptable)  
 7225 N.W. 68th St. Suite # 5

City      Miami      FL      Zip Code      33166-3017

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, FERNANDO	NAME	Sanchez, Fernando
STREET ADDRESS	4320 WEST BROWARD BOULEVARD #5	STREET ADDRESS	7225 N.W. 68th St., Suite #55
CITY-ST-ZIP	PLANTATION, FL 33317	CITY-ST-ZIP	Miami, FL 33166-3017
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, MARCELO	NAME	Sanchez, Marcelo
STREET ADDRESS	4320 WEST BROWARD BOULEVARD #5	STREET ADDRESS	7225 N.W. 68th St. Suite # 5
CITY-ST-ZIP	PLANTATION, FL 33317	CITY-ST-ZIP	Miami, FL 33166-3017
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

**SIGNATURE:** \_\_\_\_\_ **04/15/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #