


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 02, 2006 8:00 am**  
**Secretary of State**

08-02-2006 90002 038 \*\*\*150.00

**DOCUMENT # P02000036096**

1. Entity Name  
**MARIA SOL CORPORATION**



Principal Place of Business  
 7225 N.W. 68TH ST.  
 SUITE 5  
 MIAMI, FL 33166-3017 US

Mailing Address  
 7225 N.W. 68TH ST.  
 SUITE 5  
 MIAMI, FL 33166-3017 US

**50023863**

2. Principal Place of Business  
 4320 W. BROWARD BLVD,  
 Suite, Apt. #, etc.  
**SUITE # 5**  
 City & State  
**PLANTATION, FL**

3. Mailing Address  
 4320 W. BROWARD BLVD,  
 Suite, Apt. #, etc.  
**SUITE # 5**  
 City & State  
**PLANTATION, FL**

Zip  
 33317-3756

Country  
 US

Zip  
 33317-3756

Country  
 US



07312006 Chg-P CR2E034 (11/05)

4. FEI Number  
**04-3635132**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SANCHEZ, FERNANDO**  
 7225 N.W. 68TH ST.  
 SUITE 5  
 MIAMI, FL 33166-3017

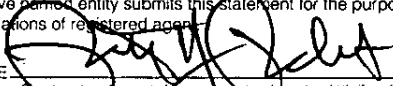
7. Name and Address of New Registered Agent

Name  
**PETER J. PRENDES**

Street Address (P.O. Box Number is Not Acceptable)  
**4320 W. BROWARD BLVD.,**  
**SUITE # 5**

City  
**PLANTATION, FL** Zip Code  
**33317-3756**

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:  **DIRECTOR** DATE: **7/31/2006**

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**  
**Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, FERNANDO	
STREET ADDRESS	7225 N.W. 68TH ST., SUITE #5	
CITY-ST-ZIP	MIAMI, FL 331663017	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, MARCELO	
STREET ADDRESS	7225 N.W.3 68TH ST., SUITE #5	
CITY-ST-ZIP	MIAMI, FL 331663017	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, FERNANDO	
STREET ADDRESS	4320 W. BROWARD BLVD., SUITE # 5	
CITY-ST-ZIP	PLANTATION, FL 33317-3756	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, MARCELO	
STREET ADDRESS	4320 W. BROWARD BLVD., SUITE # 5	
CITY-ST-ZIP	PLANTATION, FL 33317-3756	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRENDES, PETER J.	
STREET ADDRESS	4320 W. BROWARD BLVD., SUITE # 5	
CITY-ST-ZIP	PLANTATION, FL 33317-3756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **DIRECTOR** DATE: **7/31/06** DAYTIME PHONE #: **954-583-2590**

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