

FILED  
May 01, 2006 08:00 AM  
Secretary of State

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

|                                                                   |                                                                                   |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P02000050095<br>1. Entity Name<br>MAQUINDUS C.A., INC. |  |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                            |                                                                                |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business<br>177 OCEAN LANE DRIVE<br>SUITE 102<br>KEY BISCAYNE, FL 33149 | Mailing Address<br>177 OCEAN LANE DRIVE<br>SUITE 102<br>KEY BISCAYNE, FL 33149 |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

000000557326  
05/17/06-80045-009 150.00



04252006 No Chg-F CR2E034 (11/05)

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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEE NUMBER<br>04-3668792 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |
|-----------------------------------------------------------|-----------------------------------|

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.  
1500 REMO AVENUE  
SUITE 125  
CORAL GABLES, FL 33146

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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, 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, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                            |
|----------------|----------------------------|
| TITLE          | PTD                        |
| NAME           | BRAKHA, JOSEPH             |
| STREET ADDRESS | 177 OCEAN LANE DRIVE #102  |
| CITY-ST-ZIP    | KEY BISCAYNE, FL 33149     |
| TITLE          | PTSD                       |
| NAME           | BRAKHA, JOSEPH             |
| STREET ADDRESS | 177 OCEAN LANE DRIVE # 102 |
| CITY-ST-ZIP    | KEY BISCAYNE, FL 33149     |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |
| TITLE          |                            |
| NAME           |                            |
| STREET ADDRESS |                            |
| CITY-ST-ZIP    |                            |

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_