2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91210 018 ***150.00

DOCUMENT # P02000093656

1. Entity Name
MAURICH AND COMPANY, INC.

Principal Place of Business	Mailing Address
9617 S.W. 147TH COURT MIAMI, FL 33196	9617 S.W. 147TH COURT MIAMI, FL 33196

04132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 9348 SW 146 PL	3. Mailing Address: 9348 SW 146 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33186 Country:	Zip: 33186 Country:

4. FEI Number: 01-0742630 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAULES, VINCENT
9617 S.W. 147TH COURT
MIAMI, FL 33196

7. Name and Address of New Registered Agent

Name: RUALES VINCENT
Street Address (P.O. Box Number is Not Acceptable): 9348 SW 146 PL
City: MIAMI FL Zip Code: 33186

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]
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAULES, VINCENT 9617 S.W. 147TH COURT MIAMI, FL 33196 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RUALES VINCENT 9348 SW 146 PL MIAMI FL 33186 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-29-04 Daytime Phone #: (305) 300-6059