

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000081055

Entity Name: MARIANA CARRIER INC.

FILED
May 13, 2005
Secretary of State

Current Principal Place of Business:

19001 SW 122 AVE
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

19001 SW 122 AVE
MIAMI, FL 33177

New Mailing Address:

FEI Number: 32-0117311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABAUT, LUIS FELIPE
19001 SW 122 AVE
MIAMI, FL 33177 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LABAUT, LUIS FELIPE
Address: 19001 SW 122 AVE
City-St-Zip: MIAMI, FL 33177

Title: VP () Delete
Name: RIVERA, JESUS
Address: 17550 SW 138 CT
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS FELIPE LABAUT

PRES

05/13/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date