## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 11, 2007 8:00 am Secretary of State

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DOCUMENT # P06000014696  1. Entity Name MARYARI, CORP.							03-23-2	007 90026	046 ***	***150.00
Principal Place	of Busines	S	Mailing Address							
2286 BOGGY Kissimmee, F	CREEK RD.	US	980 GASCONY CT. KISSIMMEE, FL 34759 US			66020238				
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Principal Place of Business - No P.O Bov # 3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03062007	Chg-P	CR2E034		
City & State			City & State			4. FEI Memby	14203	672	- No	plied For t Applicable
Zip			Zip	Cour	itry	<u> </u>	of Status Desired	Fee	Required	
	5. Name	and Address of Curren	7. Name and Address of New Registered Agent Name							
ROSARIO.	E\/A #4E	29		Trong						
980 GASCONY CT. KISSIMMEE, FL 34759					Street Address (P.O. Box (Number is Not Acceptable)					
					City	<del></del>		<b>-</b>	Zio Code	 D
								FL		
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 ability of consistered agent, or both, in the State of Florida, I am familiar with, and accept										
the obligations of registered agent.										
SIGNATURE  Signalate, speed to present runs of registered agent and tric if accordance. (NOTE Registered Agent and tric if accordance.)						d when reingartings		DAT):		<del></del>
Suprature, speed or presend narries of injusticated against and cite if acceleracie. (INDIE: Registered Against anglescent injusticated whem refractability). OATs:										
FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees										
10.	<del></del>	OFFICERS AN	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DI	RECTOR	S IN 11
TITLE	Р		☐ (Delete	IIIL	£				Change	☐ Addition
NAME	ROSARIO, EVA MRS.				l l					
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STREET ADDRESS	ļ				EET ADORESS					
CITY-51-2P				ar	7-31-AP					
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 it made under oath; that I am an officer or director of the corporation or the receipter or trusted 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: HIGHARD AND THEFT OF PRINTED HAND OF FRANK OF BARBETTON CO30-07										