

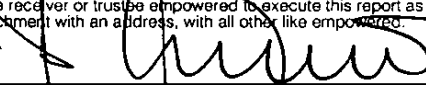


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90021 049 \*\*\*150.00

<b>DOCUMENT # 573366</b> 1. Entity Name <b>MAR-PLATA, INC.</b>			
Principal Place of Business <b>200 SOUTH BISCAYNE BOULEVARD</b> <b>SUITE 4100</b> <b>MIAMI, FL 33131</b>		Mailing Address <b>200 SOUTH BISCAYNE BOULEVARD</b> <b>SUITE 4100</b> <b>MIAMI, FL 33131</b>	
2. Principal Place of Business <b>806 Douglas Road</b> Suite, Apt. #, etc. <b>Suite 580</b> City & State <b>Coral Gables, FL</b> Zip <b>33134</b> Country <b>US</b>		3. Mailing Address <b>806 Douglas Road</b> Suite, Apt. #, etc. <b>Suite 580</b> City & State <b>Coral Gables, FL</b> Zip <b>33134</b> Country <b>US</b>	
4. FEI Number <b>65-0256485</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CORPORATE INTERNATIONAL REGISTERED AGENTS</b> <b>200 SOUTH BISCAYNE BOULEVARD</b> <b>SUITE 4100</b> <b>MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>Registered Aent Corporate Services Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>806 Douglas Road</b> <b>Suite 580</b> City <b>Coral Gables</b> <b>FL</b> <b>33134</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>1/24/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> 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	PTD DE QUINONES, RICARDO 2 S BISCAYNE BLVD. #3400 MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD QUINONEZ, RICARDO 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE QUINONES, EVANGELINA 2 S BISCAYNE BLVD. #3400 MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE QUINONEZ, EVANGELINA 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3/27/06</b> Daytime Phone #	