

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002215

Entity Name: MARCARIA.COM CORP.

FILED  
Jan 08, 2007  
Secretary of State

## Current Principal Place of Business:

QUILVO 118  
LAS CONDES  
SANTIAGO CHILE 759-1446,

## Current Mailing Address:

1915 BRICKELL AVE #1112-C  
MIAMI, FL 33129

## New Principal Place of Business:

QUILVO 118  
LAS CONDES  
SANTIAGO CHILE, LC 759-1446 CL

## New Mailing Address:

1915 BRICKELL AVE #1112-C  
MIAMI, FL 33129 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FORM-A-CORP, INC.  
100 VILLAGE SQUARE CROSSING, STE 103  
PALM BEACH GARDENS, FL 334104531 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: FUENTEALBA, FRANCISCO J  
Address: QUILVO 118, LAS CONDES  
City-St-Zip: SANTIAGO CHILE 759-1446,

Title: VC ( ) Delete  
Name: FUENTEALBA, CRISTIAN A  
Address: QUILVO 118, LAS CONDES  
City-St-Zip: SANTIAGO CHILE 759-1446,

Title: DS ( ) Delete  
Name: FUENTEALBA, FELIPE L  
Address: QUILVO 118, LAS CONDES  
City-St-Zip: SANTIAGO CHILE 759-1446,

Title: P ( ) Delete  
Name: FUENTEALBA, RAINER C  
Address: QUILVO 118, LAS CONDES  
City-St-Zip: SANTIAGO CHILE 759-1446,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Chapter 119, 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: FELIPE FUENTEALBA

DS

01/08/2007

Electronic Signature of Signing Officer or Director

Date