## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000002215

Entity Name: MARCARIA.COM CORP.

FUENTEALBA, RAINER C

QUILVO 118, LAS CONDES

SANTIAGO CHILE 759-1446,

Name:

Address:

City-St-Zip:

FILED Apr 28, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** QUILVO 118 LAS CONDES SANTIAGO CHILE, LC 759-1446 CL **New Mailing Address: Current Mailing Address:** 1915 BRICKELL AVE #1112-C MIAMI, FL 33129 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FORM-A-CORP, INC 100 VILLAGE SQUARE CROSSING, STE 103 PALM BEACH GARDENS, FL 334104531 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition FUENTEALBA, FRANCISCO J Name: Name: QUILVO 118, LAS CONDES Address: Address: City-St-Zip: SANTIAGO CHILE 759-1446, City-St-Zip: Title: VC Title: () Delete () Change () Addition FUENTEALBA, CRISTIAN A Name: Name: QUILVO 118, LAS CONDES Address: Address: SANTIAGO CHILE 759-1446, City-St-Zip: City-St-Zip: ( ) Delete Title: Title: DS () Change () Addition FUENTEALBA, FELIPE L Name: Name: QUILVO 118, LAS CONDES Address: Address: City-St-Zip: SANTIAGO CHILE 759-1446, City-St-Zip: Title: ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: FELIPE FUENTEALBA DS 04/28/2008