

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004436

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** MAFER INTERNATIONAL HOLDINGS LIMITED, INC.

**Current Principal Place of Business:**

5100 NORTH OCEAN BOULEVARD, APT., 1719  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 610  
DEERFIELD BEACH, FL 33443

**New Mailing Address:**

**FEI Number:** 98-0545322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE SUITE 125  
CORAL GABLES, FL 33146 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

**OFFICERS AND DIRECTORS:**

Title: PC  
Name: SUCRE MIGUEZ, MARIA E  
Address: PO BOX 4493  
City-St-Zip: ROAD TOWN,TORTOLA BRITISH VI,

Title: VPD  
Name: DE SALAS, THAYS H  
Address: PO BOX 4493  
City-St-Zip: ROAD,TOWN,TORTOLA BRITISH VI,

Title: SVC  
Name: DE CRISTI, MARIELA  
Address: PO BOX 4493  
City-St-Zip: ROAD TOWN,TORTOLA,BRITISH VI,

Title: TD  
Name: RODRIGUEZ, ELIGIO  
Address: PO BOX 4493  
City-St-Zip: ROAD TOWN,TORTOLA,BRITISH VA,

I hereby 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 all other like empowered.

SIGNATURE: RODRIGUEZ ELIGIO

TD

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date