2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F61721

Entity Name: MAA CORPORATION OF MIAMI

Current Principal Place of Business:

3112 SW 17 ST
MIAMI, FL 331451402

New Principal Place of Business:

Current Mailing Address:

PO BOX 452632
MIAMI, FL 332452632 US

New Mailing Address:

FEI Number: 59-2151356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAVIJO, LILIANA
14150 S.W. 84 ST. #I-108
MIAMI, FL 33183 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: D ( ) Delete
Name: CLAVIJO, LILIANA
Address: 14150 S.W. 84 ST., #I-108
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete
Name: CANO, OLGA M
Address: 1552 ALEALA AVE
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: CANO, OLGA M
Address: 1552 ALCALA AVE.
City-St-Zip: CORAL GABLES, FL 33134

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.

SIGNATURE: MAGALI ARISTONDO D 01/14/2009

Electronic Signature of Signing Officer or Director — Date