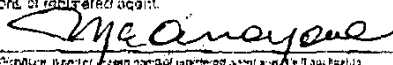


FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90057 029 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # F99466			
1. Entity Name MARIA E. ARROYAVE, INC.			
Principal Place of Business 946 SURF LN VERO BEACH, FL 32963 US		Mailing Address 946 SURF LN VERO BEACH, FL 32963 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2215425		Applied For ☐ Not Applicable	
5. Certificate of Status Due: ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARROYAVE, MARIA E 946 SURF LN VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		4-9-08	
Signature is not of person named on registered agent and is not a valid signature.		(NOTE: Registered Agent Signature statement under the heading: DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	☐ Delete	
NAME	ARROYAVE, MARIA E		
STREET ADDRESS	946 SURF LN		
CITY-STATE-ZIP	VERO BEACH, FL 32963		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
11. ADDITION, CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
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 Book 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/9/08 777/231-4066	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	