FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

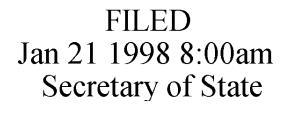
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

MARIA ENTERPRISES INC



| MACION | CLATENT MOLO, MO. | | | | | |
|---------------------|---|----------------------------|---------------|-------------------------|--------------|---|
| Principal Plac | e of Business | Mailing Address | | | | n iamitali min smist amith stiere after after alfile alfile albis albis albis alfile affil affil affil |
| 1500 NW 628 | ND ST | 1500 NW 62ND \$1 | Γ | | | |
| 102 | | 102 | | | | |
| FT. LAUDER(US | DALE FL 33309 | FT. LAUDERDALE | FL 33309 | | | DO NOT WRITE IN THIS SPACE |
| | | US | | | | 3. Date Incorporated or Qualified . 07/17/1990 |
| - | Place of Business | 2a. Mailing Addres | S | | | 4. FEI Number Applied For |
| 21 | | 26 | | | | 65-0229667 Not Applicate |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired S8.75 Additional |
| 22 | | 27 | | | | Fee Required |
| City & Stat | e | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 7in | Country | 28 | | Cauntar | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | | Country | | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 9. Name and Address of Curre | 29 | 30 | ·I | | Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent |
| DD | | ur uedistelen Maur | | 81 | Name | |
| | OWN, ROGER L. | | | | 1401110 | |
| | 1 E. COMMERCIAL BLVD. | | | 82 | Street | et Address (P.O. Box Number is Not Acceptable) |
| | HTE 100 | | | 83 | | |
| PI. | . LAUDERDALE FL | | | 03 | | |
| | | | | 84 | City | B5 Zip Code |
| dd Dwynna | to the previous of Costines CO7.00 | 00 007 1500 51 | Cratistan th | | | FL 68 2 P Code |
| l office or r | egistered agent, or both, in the Stati | e of Florida, Such change | was author | rized by | the corr | ed corporation submits this statement for the purpose of changing its registere orporation's board of directors. I hereby accept the appointment as registered |
| agent. La | m familiar with, and accept the oblig | gations of, Section 607.05 | 05, Florida S | Statutes | | |
| SIGNATURE | | | | | | |
| 12. | Signature, lyped or printed name of registered ag | ND DIRECTORS | | i3. | ni signature | ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TIFLE | D | DELE | | .1 TITLE | | Change Addition |
| NAME | CROCQUET, MARC | | | .2 NAME | | |
| STREET ADDRESS | 1500 NW 62ND ST, #102 | | | .3 STREET | AUUDEGG | c |
| CITY-ST-ZIP | FT. LAUDERDALE FL | | | .4 CITY-SI | | ' |
| TITLE | | DELE | | A TITLE | - LIT | Change Addition |
| NAME | | | ■ - | 2 NAME | | |
| STREET ADDRESS | | | | 3 STREET | ADDRESS | • |
| City-ST-ZIP | | | ₽ | . 4 CITY - S | | <u> </u> |
| TITLE | | ☐ DELE | | L1 TITLE | . 411 | Change Addition |
| NAME | | | | L2 NAME | | |
| STREET ADDRESS | | | | .3 STREET | ADDRESS I | |
| CITY-ST-ZIP | | | | .4. CITY- S | | |
| TITLE | | DELE | | 1 TITLE | | ☐ Change ☐ Addition |
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| STREET ADDRESS | | | | 3 STREET | ABDBESS | s l |
| CITY-ST-ZIP | | | | 4 CITY-ST | | |
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| NAME | | | | 2 NAME | | |
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| CITY-ST-ZIP | | | | .4 CITY-ST | | |
| TITLE | <u> </u> | ☐ DELET | | .4 1/11-51 .1 1/11.E | - 411 | ☐ Change ☐ Addilic |
| NAME | | | | .2 NAME | | |
| STREET ADDRESS | | | | .3 STREET / | אחטפרככ | |
| | | | | | | |
| CITY-ST-ZIP | | | <u> </u> | 4 CITY - ST | - ZIP | 1 |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 Block 12 or Block 13 if changed or on an effective ment with an address.

MAKE TICROCQUET

1/01/08 ATH 918 2052