


**\*2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99797</b>	
1. Entity Name <b>MARICAR CORPORATION</b>	

Principal Place of Business <b>C/O LEE C. SCHMACHTENBERG, P.A. 1533 SUNSET DRIVE, SUITE 201 MIAMI, FL 33143</b>	Mailing Address <b>C/O LEE C. SCHMACHTENBERG, P.A. 1533 SUNSET DRIVE, SUITE 201 MIAMI, FL 33143</b>
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01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SCHMACHTENBERG, LEE C., ESQ., PA SUITE 201 SUNSET BLDG. 1533 SUNSET DRIVE MIAMI, FL 33143</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U00000184195  
01/20/05-80017-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELMUDESI, CARLOS A. 520 BRICKELL KEY DR 1402 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS ELMUDESI, MARIA TERESA 520 BRICKELL KEY DR 1402 MIAMI, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/05 305 665 6062  
Date Daytime Phone #