

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M09283

Entity Name: MARIANA TOURS, CORP.

FILED  
Apr 02, 2009  
Secretary of State

## Current Principal Place of Business:

105 SE 2ND ST  
MIAMI, FL 33131 US

## New Principal Place of Business:

115 SE 2ND ST  
MIAMI, FL 33131 US

## Current Mailing Address:

105 SE 2ND ST  
MIAMI, FL 33131 US

## New Mailing Address:

115 SE 2ND ST  
MIAMI, FL 33131 US

FEI Number: 59-2546593

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAGALHAES, MARIO  
3069 NW 99 PLACE  
DORAL, FL 33172 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: VS ( ) Delete  
Name: MAGALHAES, CARLA  
Address: 3069 NW 99 PLACE  
City-St-Zip: DORAL, FL 33172

Title: P ( ) Delete  
Name: MAGALHAES, MARIO J.,  
Address: 3069 NW 99 PLACE  
City-St-Zip: DORAL, FL 33172 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARIO J MAGALHAES

P

04/02/2009

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

\_\_\_\_\_  
Date