

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90044 033 ****70.00

DOCUMENT # N02000000213

1. Entity Name
MARIANAO SOCIAL CLUB INC.



Principal Place of Business
1772 N.W. 19 ST.
MIAMI, FL 33125

Mailing Address
1772 N.W. 19 ST.
MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE



02212007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
04-3596292

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILLAVICENCIO, MIGUEL
1772 N.W. 19 ST.
MIAMI, FL 33125

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
VILLAVICENCIO, MIGUEL
1772 N.W. 19 ST.
MIAMI, FL 33125

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CLARKE, BEATRIZ
1772 N.W. 19 ST.
MIAMI, FL 33125

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
FOSTER, QUETHA
736 NW 140 ST
MIAMI, FL 33168

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:

Miguel Villavicencio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miguel Villavicencio 4-11-07
Date

305 324-7044
Daytime Phone #