


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000019720		
1. Entity Name MARARA, INC.		

Principal Place of Business 16314 S.W. 66TH ST. MIAMI, FL 33193 US	Mailing Address 16314 S.W. 66TH ST. MIAMI, FL 33193 US
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DO NOT WRITE IN THIS SPACE



07192006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0870333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLBERT, KEVIN COYLE
15021 SW 89TH TERR. RD.
MIAMI, FL 33196

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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 _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2006

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

U00000571941
07/25/06-80008-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARANCHELOVICH, WLADIMIR 14864 SW 104TH ST., NO. 11 MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARANCHELOVICH, SOUSAN E 14864 SW 104TH ST., NO. 11 MIAMI, FL 33196
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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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Susan Chandrasekhar* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____