


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90051 011 ***150.00

DOCUMENT # P00000081133

1. Entity Name
 MARIA VALCO CORP.



Principal Place of Business 12955 BISCAYNE BLVD. PENTHOUSE -N
 NORTH MIAMI, FL 33181


Relating Address 12955 BISCAYNE BLVD. PENTHOUSE -N
 NORTH MIAMI, FL 33181

2. Principal Place of Business 12905 Cherry Rd
 Suite, Apt. #, etc.

3. Mailing Address 12905 Cherry Road
 Suite, Apt. #, etc.

City & State NORTH MIAMI
Zip 33181 **Country** FLORIDA

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Zip 33181 **Country** FLORIDA



01222004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1034248
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

TARAZONA, VICENTE
 12955 BISCAYNE BLVD. PENTHOUSE -N
 NORTH MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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]* **DATE** _____

Signature based on worded name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when resubmitting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	TARAZONA, VICENTE 12955 BISCAYNE BLVD. PENTHOUSE -N NORTH MIAMI, FL 33181	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE P	TARAZONA, MARIA 12955 BISCAYNE BLVD PH-N NORTH MIAMI, FL 33181	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included on this report or separate filing 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 officer 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]* **DATE** 1/22/04 **Corporate File #** 305-8954300

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR