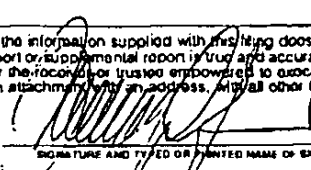


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-19-2007 90088 021 ***150.00
P00000094997

DOCUMENT # P00000094997			
1. Entity Name MAGGIE'S DEVELOPMENT, INC.			
Principal Place of Business 5333 COLLINS AVE 1408 MIAMI BEACH FL 33140		Mailing Address 5333 COLLINS AVE 1408 MIAMI BEACH FL 33140	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1053200		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required on all filings)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY - ST - ZIP	PTD URIBARRI, MAGGIE 5333 COLLINS AVE NO 1408 MIAMI BEACH FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres/Treas. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC Juan C Uribarri 1234 Alhambra Circle Coral Gables, FL 33134 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 incorporator, trustee or 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 to my address. All other are unempowered.			
SIGNATURE: 		MAGALL URIBARRI 2/13/07 766-367-7144	

FILED

07 AUG -8 PM 12:05

RECEIVED BY STATE
TREASURER, FLORIDA
I HEREBY CERTIFY THAT THIS REPORT WAS FILED WITH THE STATE DEPARTMENT OF REVENUE ON 08/08/07

1st MOORE CR2E034 (10/06)

As per telephone conversation
with Nelsa LaMora on 8/8

jc 8/8