## 2007 FOR PROFIT CORPORATION

## Apr 09, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P01000063888** 1. Entity Name 04-09-2007 90080 024 \*\*\*150.00 MARY'S HOME, INC. Principal Place of Business Mailing Address 14158 NW 88 PLACE 14158 NW 88 PLACE 40004000 MIAMI, FL 33018 MIAMI, FL 33018 03062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 65-1116552 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MACHADO, MARIA D DO NOT WRITE 14158 NW 88 PLACE MIAMI, FL 33018 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE MACHADO, MARIA D NAME STREET ADDRESS 14158 NW 88 PLACE CITY-ST-ZIP MIAMI, FL 33018 VPD TITLE NAME MACHADO, CARLOS S STREET ADDRESS 14158 NW 88 PLACE MIAMI, FL 33018 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 two 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 employered 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CtTY-ST-7IP

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED