

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P01000069739

1. Entity Name
MARANON, INC.



Principal Place of Business
640 CRANDON BLVD., UNIT 14
KEY BISCAYNE, FL 33149

Mailing Address
917 SW 122 AVE
MIAMI, FL 33184



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1128511	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

SANTAYANA, MARIA L
640 CRANDON BLVD., UNIT 14
KEY BISCAYNE, FL 33149

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000909216
05/06/08-80061-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SANTAYANA, MARIA LUISA
STREET ADDRESS	917 SW 122 AVE
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	DT
NAME	SANTAYANA, PATRICIA
STREET ADDRESS	10475 SW 22 ST
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D
NAME	SANTAYANA, RODOLFO R
STREET ADDRESS	13870 SW 100 LN
CITY-ST-ZIP	MIAMI, FL 33186
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18/08 3055598565