

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088818

FILED  
Apr 29, 2007  
Secretary of State

Entity Name: MAIPO PRODUCTION CORP.

## Current Principal Place of Business:

2685 NW 105 AV.  
MIAMI, FL 33172

## New Principal Place of Business:

## Current Mailing Address:

10906 NW 67 TERRACE  
MIAMI, FL 33178

## New Mailing Address:

4641 NW 94 CT.  
MIAMI, FL 33178

FEI Number: 65-1138562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

IZTURRIAGA, MARIA  
4641 NW 94 CT.  
MIAMI, FL 33178 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GONCALVES, ANTONIETA  
Address: 2685 NW 105 AV  
City-St-Zip: MIAMI, FL 33172

Title: VD ( ) Delete  
Name: MARTINEZ, LUIS A  
Address: 2685 NW 105 AV  
City-St-Zip: MIAMI, FL 33172

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIETA GONCALVES

MRS

04/29/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date