

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90399 049 ***150.00

DOCUMENT # P02000036096					
1. Entity Name MARIA SOL CORPORATION					
Principal Place of Business 4320 WEST BROWARD BOULEVARD SUITE 5 PLANTATION, FL 33317			Mailing Address 4320 WEST BROWARD BOULEVARD SUITE 5 PLANTATION, FL 33317		
2. Principal Place of Business 7225 N.W. 68th St. Suite, Apt. #, etc. Suite # 5		3. Mailing Address 7225 N.W. 68th St. Suite, Apt. #, etc. Suite # 5			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 04-3635132	
Zip 33166-3017		Country US		Applied For Not Applicable	
Zip 33166-3017		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, FERNANDO 4320 WEST BROWARD BOULEVARD SUITE 5 PLANTATION, FL 33317			7. Name and Address of New Registered Agent Name SANCHEZ, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 7225 N.W. 68th St. Suite # 5 City Miami FL Zip Code 33166-3017		
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 _____ <small>Signature; typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete SANCHEZ, FERNANDO 4320 WEST BROWARD BOULEVARD #5 PLANTATION, FL 33317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sanchez, Fernando 7225 N.W. 68th St., Suite #5 Miami, FL 33166-3017	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SANCHEZ, MARCELO 4320 WEST BROWARD BOULEVARD #5 PLANTATION, FL 33317		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sanchez, Marcelo 7225 N.W. 68th St. Suite # 5 Miami, FL 33166-3017	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 04/15/04 Daytime Phone # _____		