

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000042770

1. Entity Name
MARANIC, INC.



Principal Place of Business
8260 S.W. 114TH ST.
MIAMI, FL 33156

Mailing Address
8260 S.W. 114TH ST.
MIAMI, FL 33156

FILED
09 MAY 15 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01072008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2746751

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN-HIDALGO, MARIA A
8260 S.W. 114TH ST.
MIAMI, FL 33156

**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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTIN-HIDALGO, MARIA A
STREET ADDRESS	8260 S.W. 114TH ST.
CITY- ST- ZIP	MIAMI, FL 33156
TITLE	D
NAME	MARTIN-HIDALGO, NICOLAS
STREET ADDRESS	10225 S.W. 87TH AVE.
CITY- ST- ZIP	MIAMI, FL 33156
TITLE	D
NAME	MARTIN-HIDALGO, ANA L
STREET ADDRESS	10225 S.W. 87TH AVE.
CITY- ST- ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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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

4/21/09 7862820185
Date Daytime Phone #