

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90084 015 \*\*\*150.00

DOCUMENT # P02000057971

1. Entity Name

MAIRAU, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
9347 SW 40 ST

3. Mailing Address  
13953 SW 66 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apart 302-B

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number 46-0483357

Applied For  
Not Applicable

Zip  
33165

Country  
Miami-Dade

Zip  
33183

Country  
Miami-Dade

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name MARCOS, MAIRA

Street Address (P.O. Box Number is Not Acceptable)

13953 SW 66 St Apart 302-B

City Miami, FL

FL

Zip Code  
33183

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 4-25-06

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
MARCOS, MAIRA / President 13953 SW 66 St Apart 302-B Miami, FL 33183	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

Date

Daytime Phone # (305) 226 9906

CR2E034B (12/02)