

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000092381

**FILED**  
**Oct 01, 2008**  
**Secretary of State**

**Entity Name:** MARANON AND ASSOCIATES, INC.

**Current Principal Place of Business:**

300 SEVILLA AVE #311  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

300 SEVILLA AVE #311  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-1689516

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RIVERO, PEDRO  
300 SEVILLA AVE #311  
CORAL GABLES, FL 33134 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:** PEDRO RIVERO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** V ( ) Delete  
**Name:** MARANON, LIZETTE  
**Address:** 300 SEVILLA AVE #301  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** P ( ) Delete  
**Name:** MARANON, LEGIA  
**Address:** 300 SEVILLA AVE #301  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** V ( ) Delete  
**Name:** GARCIA, LETICIA  
**Address:** 300 SEVILLA AVE 301  
**City-St-Zip:** MIAMI, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

**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:** LEGIA MARANON

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

P

10/01/2008

\_\_\_\_\_  
Date