


FILED
May 05, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000121196		
1. Entity Name MAUMAR, INC.		

Principal Place of Business 6731 SW 155 AVE MIAMI, FL 33193	Mailing Address 6731 SW 155 AVE MIAMI, FL 33193
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DO NOT WRITE IN THIS SPACE



04302004 No Chg-P CR2E034 (10/03)

4. FFI Number 16-1639897	Applied For <input type="checkbox"/>	Not Applied <input type="checkbox"/>
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JALIL, MAURICIO
6731 SW 155 AVE
MIAMI, FL 33193**

DO NOT WRITE IN THIS SPACE

7. 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 _____ DATE _____

Signature, typed or printed name of registered agent and law firm, if applicable. (NO registered agent signature required when transferring)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00

8. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JALIL, MAURICIO 6731 SW 155 AVE MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARRERO, MARIETTA 6731 SW 155 AVE MIAMI, FL 33193
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/05/04-80065-006 150.00

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:  **MAURICIO M. JALIL** 4/30/04 (305) 984-9693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR