


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 02, 2004 8:00 am**  
**Secretary of State**

06-02-2004 90004 037 \*\*\*150.00

DOCUMENT # P03000105629  
 1. Entity Name  
**MAREIGUA CORPORATION**



Principal Place of Business Mailing Address  
**801 BRICKELL AVENUE #900 MIAMI, FL 33131**

44046114



2. Principal Place of Business 3. Mailing Address  
*7915 NW 20 Street* *7915 NW 20 Street*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

05242004 Chg-P CR2E034 (10/03)

City & State City & State  
*Pembroke Pines, FL* *Pembroke Pines, FL*  
 Zip Country Zip Country  
*33024 USA* *33024 USA*

4. FEI Number Applied For  
**20-0432587** Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**ALONSO, DOMINGO**  
 301 ALMERIA  
 SUITE 3  
 CORAL GABLES, FL 33134

Name *Alonso Domingo*  
 Street Address (P.O. Box Number is Not Acceptable)  
*300 Sevilla, Suite 201*  
 City *Coral Gables* FL Zip Code *33134*

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]* DATE *5/24/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, JOSE I 801 BRICKELL AVENUE #900 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>PD Rodriguez Jose I</i> <i>7915 NW 20 Street</i> <i>Pembroke Pines FL 33024</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD RODRIGUEZ, CONSUELO 801 BRICKELL AVENUE #900 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>SVP Rodriguez Consuelo</i> <i>7915 NW 20 Street</i> <i>Pembroke Pines, FL 33024</i>
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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: *José I. Padua* DATE: *24/05/2004* DAYTIME PHONE #: *9549613707*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #