

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000150086



Entity Name  
MARIANA BERMEO CORP.

Principal Place of Business  
WATERMILL CIRCLE EAST  
BOYNTON BEACH, FL 33437

Mailing Address  
9899 WATERMILL CIRCLE EAST  
BOYNTON BEACH, FL 33437



01192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
61-1462982

Applied For  
Not Applicable

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

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

ARMOL, SARA  
WATERMILL CIRCLE EAST  
BOYNTON BEACH, FL 33437

**DO NOT WRITE  
IN THIS SPACE**

I, 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1000000397179  
01/30/06-80040-008 150.00

**OFFICERS AND DIRECTORS**

P  
BERMEO, MARIANA  
ADDRESS 9899 WATERMILL CIRCLE EAST  
CITY-STATE-ZIP BOYNTON BEACH, FL 33437

ADDRESS  
CITY-STATE-ZIP

ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

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ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: X M Bermeo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIANA BERMEO 1/18/6

Date

Day/Month/Year