

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Aug 30, 2007 8:00 am**  
**Secretary of State**

08-30-2007 90003 013 \*\*\*550.00

DOCUMENT # P04000027390

1. Entity Name  
MARIVE BUILDING CORP.



Principal Place of Business  
14875 NW 77 AVENUE SUITE 206  
MIAMI, FL 33014

Mailing Address  
14875 NW 77 AVENUE SUITE 206  
MIAMI, FL 33014

2. Principal Place of Business - No P.O. Box #  
14875 NW 77 AVE  
Suite, Apt. #, etc.  
SUITE 206  
City & State  
MIAMI LAKES FL

3. Mailing Address  
14875 NW 77 AVE  
Suite, Apt. #, etc.  
SUITE 206  
City & State  
MIAMI LAKES FL

08272007 Chg-P CR2E034 (12/06)



4. FEI Number  
20-0898884  
Applied For  
Not Applicable

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

Zip  
33014  
Country  
U.S.A

Zip  
33014  
Country  
U.S.A

6. Name and Address of Current Registered Agent

MONTENEGRO, ROSA  
14875 NW 77 AVENUE SUITE 206  
MIAMI, FL 33014

7. Name and Address of New Registered Agent

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

14875 NW 77 AVE SUITE 206  
City MIAMI LAKES FL Zip Code 33014

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)

8/27/07

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

LE	D	Delete
NAME	BAROT, JOSE	<input checked="" type="checkbox"/>
STREET ADDRESS	14875 NW 77 AVENUE SUITE 206	
ST-ZIP	MIAMI, FL 33014	
		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
ST-ZIP		
		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
ST-ZIP		
		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
ST-ZIP		
		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
	D	MONTENEGRO ROSA	14875 NW 77 AVENUE SUITE 206	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		MIAMI, FL 33014			
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/07

Date

Daytime Phone #