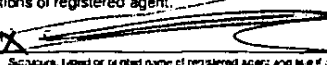


FILED
Jun 19, 2007 8:00 am
Secretary of State

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05-16-2007 90021 040 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000037117			
1. Entity Name MARIA'S CLUB ROSES, INC.			
Principal Place of Business 87466 OLD HWY SUITE 123 ISLAMORADA, FL 33060		Mailing Address 87466 OLD HWY SUITE 123 ISLAMORADA, FL 33060	
2. Principal Place of Business - No P.O. Box # PO BOX 105		3. Mailing Address PO BOX 105	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ISLAMORADA, FL		City & State ISLAMORADA, FL	
Zip 33036		Zip 33036	
Country USA		Country USA	
4. FEI Number 22-3899617		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent VILLACURA, OLGA D 133 OCEAN DRIVE TAVERNIER, FL 33070		7. Name and Address of New Registered Agent Name OLGA D VILLACURA Street Address (P.O. Box Number is Not Acceptable) 210 GEROME AVENUE City ISLAMORADA FL Zip Code 33036	
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  DATE 4/20/07			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PST VILLACURA, OLGA D 87466 OLD HWY STE 123 ISLAMORADA, FL 33060 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V MAILLIARD, ROGER 87466 OLD HWY STE 123 ISLAMORADA, FL 33060 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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 filers empowered.			
SIGNATURE: 		DATE: 4/20/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____	