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

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	Mailing Address
87466 OLD HWY SUITE 123 ISLAMORADA, FL 33060	87466 OLD HWY SUITE 123 ISLAMORADA, FL 33060

66019423

04212007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
PO BOX 105	PO BOX 105
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ISLAMORADA, FL	City & State: ISLAMORADA, FL.
Zip: 33036 Country: USA	Zip: 33036 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 X [signature] DATE 4/28/07
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
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
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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: X [signature] Date 4/20/07 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR