2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037117

Entity Name: MARIA'S CLUB ROSES, INC.

FILED Feb 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 105 210-A GEROME AVENUE ISLAMORADA, FL 33036 ISLAMORADA, FL 33036

Current Mailing Address: New Mailing Address:

P.O. BOX 105 210-A GEROME AVENUE ISLAMORADA, FL 33036 ISLAMORADA, FL 33036

FEI Number: 22-3899617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VILLACURA, OLGA D
210 GEROME VILLACURA
ISLAMORADA, FL 33036 US

VILLACURA, OLGA D
105 SAN MARCOS DR.
ISLAMORADA, FL 33036 US

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.

SIGNATURE: OLGA D VILLACURA 02/19/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition VILLACURA, OLGA D VILLACURA, OLGA D Name: Name: 87466 OLD HWY STE 123 105 SAN MARCO DR. Address: Address: ISLAMORADA, FL 33060 City-St-Zip: City-St-Zip: ISLAMORADA, FL 33060

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 MAILLIARD, ROGER
 Name:
 MAILLIARD, ROGER

 Address:
 87466 OLD HWY STE 123
 Address:
 5740 SHERIDAN STREET

 City-St-Zip:
 ISLAMORADA, FL 33060
 City-St-Zip:
 HOLLYWOOD, FL 33021

Title: () Delete Title: P () Change (X) Addition

 Name:
 Name:
 PETER, HOPWOOD

 Address:
 Address:
 105 SAN MARCO DR.

 City-St-Zip:
 City-St-Zip:
 ISLAMORADA, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER HOPWOOD P 02/19/2008