

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**


**FILED**

**Apr 20, 2005 8:00 am Secretary of State**

04-06-2005 90116 042 \*\*\*150.00

**DOCUMENT # P04000050616**

1. Entity Name  
**MAIQUEZ INVESTMENTS, INC.**




Principal Place of Business      Mailing Address  
 1127 NW 22 AVE      1127 NW 22 AVE  
 MIAMI FL 33125      MIAMI FL 33125

2. Principal Place of Business      3. Mailing Address  
**351 NW 42 Ave**      **351 NW 42 Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**# 315**      **# 315**

City & State      City & State  
**Miami**      **Miami**  
 Zip      Country      Zip      Country  
**33126**      **USA**      **33126**      **USA**

**66011641**



1st MOORE      CR2E034 (10/04)

4. FEI Number      Applied For  
**13-427 7205**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**MAIQUEZ, ADONIS**  
**1127 NW 22 AVE**  
**MIAMI FL 33125**

7. Name and Address of New Registered Agent  
 Name **Maiquez Adonis**  
 Street Address (P.O. Box Number is Not Acceptable)  
**351 NW 42 Ave**  
**#315**  
 City **Miami**      FL      Zip Code **33126**

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 **Adonis Maiquez President**      DATE **4/1/05**

Signature, typed or printed name of individual and title if applicable (NOTE: Registered Agent signature required when re-registering)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	MAIQUEZ, ADONIS	1440 BRICKELL BAY DR #701	MIAMI FL 33181	<input type="checkbox"/>
		9 Island Ave #710	Miami Beach, FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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 exemption stated in Section 119.07(3)(i), 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: **Adonis Maiquez**      Date **4/1/05**      Daytime Phone # **305 644 2212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #