


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90094 019 ***150.00

DOCUMENT # P04000062375

1. Entity Name
MARABRIC INTERIOR, CORP



Principal Place of Business Mailing Address

14642 SW 48 ST 14642 SW 48 ST
 MIAMI, FL 33175 MIAMI, FL 33175

2. Principal Place of Business 3. Mailing Address

16031 SW 83 ST. **16031 SW 83 ST.**

Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

Miami, FL. **Miami, FL.**

Zip Country Zip Country

33193 **DADE** **33193** **DADE**

50049982



05022005 Chg-P CR2E034 (10/03)

4. FEI Number Applied Fc

+20-0995898 Not Applicable

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

6. Name and Address of Current Registered Agent

MARACALLO, AUDALIA
 14642 SW 48 ST
 MIAMI, FL FL

7. Name and Address of New Registered Agent

Name **MARACALLO, AUDALIA**

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

16031 SW 83 ST.

City **Miami** **FL** Zip Code **33193**

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: **Audalia Maracallo** DATE: **05/02/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARACALLO, AUDALIA	NAME	MARACALLO, AUDALIA
STREET ADDRESS	14642 SW 48 ST	STREET ADDRESS	16031 SW 83 ST.
CITY-ST-ZIP	MIAMI, FL 33175	CITY-ST-ZIP	Miami, FL 33193
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICEÑO, CARLOS	NAME	
STREET ADDRESS	14642 SW 48 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33175	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **Audalia Maracallo** DATE: **05/02/05**

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