

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90069 020 ***150.00

DOCUMENT # P04000103495

1. Entity Name
MAAR ACQUISITIONS, INC.



Principal Place of Business
**815 NORTH HOMESTEAD BLVD. #332
HOMESTEAD, FL 33030**

Mailing Address
**815 NORTH HOMESTEAD BLVD. #332
HOMESTEAD, FL 33030**

50065631



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08092005 Chg-P CR2E034 (10/03)

4. FEI Number

20-1552505

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERNANDEZ, ARIEL I
815 NORTH HOMESTEAD BLVD. #332
HOMESTEAD, FL 33030**

Name
MARIE P. PEREZ

Street Address (P.O. Box Number is Not Acceptable)
815 North Homestead Blvd #332

City
Homestead

FL

Zip Code
33030

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-9-05

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

9. ☐ **\$5.00 May Be
Added to Fees**

☐ **\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
PEREZ, MARIE P
815 NORTH HOMESTEAD BLVD. #332
HOMESTEAD, FL 33030** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PEREZ, MARIE P
815 NORTH HOMESTEAD BLVD. #332
HOMESTEAD, FL 33030** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ 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 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: **8-9-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

786-426-4633