

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000127924

1. Entity Name
MARUSSA HOUSE REPAIR, INC.



Principal Place of Business
4942 SW 140TH AVE.
MIAMI, FL 33175

Mailing Address
4942 SW 140TH AVE.
MIAMI, FL 33175



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1601364

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PALOMO, MARITZA
4942 SW 140TH AVE.
MIAMI, FL 33175

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PALOMO, MARITZA 50%
STREET ADDRESS 4942 SW 140TH AVE.
CITY-ST-ZIP MIAMI, FL 33175

TITLE D
NAME FERNANDEZ, JORGE L 50%
STREET ADDRESS 4942 SW 140TH AVE.
CITY-ST-ZIP MIAMI, FL 33175

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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0000000011255
04/29/06-80042-018 150.00

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IN THIS SPACE**

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 or without other like empowered.

SIGNATURE: **X** *Maritza Palomo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARITZA PALOMO, PRES. 04/12/06

Date

Daytime Phone #