
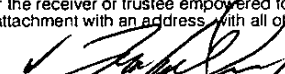


05-02-2005 90470 013 \*\*\*150.00

<b>DOCUMENT # P04000131956</b> 1. Entity Name <b>MARAEI CORPORATION</b>		 <b>Secretary of State</b> 05-02-2005 90470 013 ***150.00	
Principal Place of Business <b>15625 SW 295 TERRACE MIAMI, FL 33033</b>		Mailing Address <b>15625 SW 295 TERRACE MIAMI, FL 33033</b>	
2. Principal Place of Business <b>15625 SW 295 Terr</b>		3. Mailing Address <b>15625 SW 295 Terrace</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33033</b>		Zip <b>33033</b>	
Country		Country	
6. Name and Address of Current Registered Agent <b>PENTON, RAFAEL 15625 SW 295 TERRACE MIAMI, FL 33033</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P PENTON, RAFAEL 15625 SW 295 TERRACE MIAMI, FL 33033		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP SABORIT, MARIA E 15625 SW 295 TERRACE MIAMI, FL 33033		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: 		04/15/05 (305) 458783	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	