

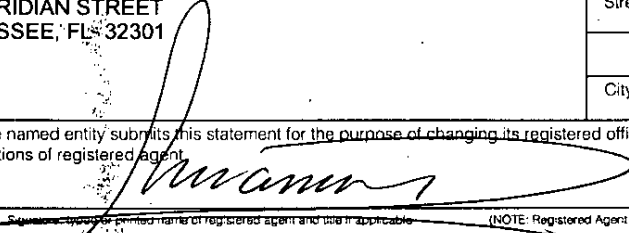


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90033 012 \*\*\*158.75

<b>DOCUMENT # P04000141412</b> 1. Entity Name <b>MAORIS CORPORATION</b>					
Principal Place of Business <b>103 N MERIDIAN STREET TALLAHASSEE, FL 32301</b>			Mailing Address <b>103 N MERIDIAN STREET TALLAHASSEE, FL 32301</b>		
2. Principal Place of Business <b>905 Brickell Bay Drive</b>		3. Mailing Address <b>905 Brickell Bay Drive</b>		  01112005    Chg-P    CR2E034 (10/03)	
Suite, Apt. #, etc. <b>Suite 524</b>		Suite, Apt. #, etc. <b>Suite 524</b>			
City & State <b>Miami, Florida</b>		City & State <b>Miami, Florida</b>			
Zip <b>33131</b>		Country <b>USA</b>		4. FEI Number <b>65-0441112</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CORP DIRECT AGENTS INC 103 N MERIDIAN STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name <b>Massuh, Jose M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>905 Brickell Bay Drive    Suite 524</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>		
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:  March 15, 2005    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 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASSUH, JOSE M 103 N MERIDIAN STREET TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Massuh, Jose M. 905 Brickell Bay Drive, Suite 524 Miami, Florida 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<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: 		March 15, 2005		305 358 1900	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	