2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P04000157181** 1. Entity Name 03-06-2006 90016 009 ***150.00 MARISBEST CORPORATION Mailing Address Principal Place of Business 15427 S.W. 54 ST. MIAMI, FL 33185 15427 S.W. 54 ST. MIAMIL FL 33185 2. Principal Place of Business 3. Mailing Address 13421 S.W. 674 ST 13 4215.W. 6TH ST. Suite. Apt. #. etc Suite Apt # etc. 02282006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For FL MIAMI 20-1904457 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent G. ROOM GUEZ FLORENTINO RODRIGUEZ, FLORENTINO G Street Address (P.O. Box Number is Not Acceptable) 15427 S.W. 54 ST. MIAMI, FL 33185 13421 S.W. 6TH 8. The above named entity submits this statement for the purpose of changing its positive of office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered as Signature, typed or prir ed agent and tile if applicable FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Feet OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PRES** PA 65 TITLE ☐ Delete TITLE ROOM CUBZ MANIEL 1344/ S.W. 67H ST. RODRIGUEZ, MARISEL M NAME NAME STREET ADDRESS STREET ADDRESS 15427 S.W. 54 ST. 416-41 FL 30184 CITY-ST-ZIP MIAMI, FL 33185 CITY-ST-7IP ☐ Addition SECR TITLE SECN TITLE ☐ Defete Change Change RODALGUEL FLORENTINO RODRIGUEZ, FLORENTINO G NAME NAME 3 4d/ 5. W. 6TH 57 STREET ADDRESS 15427 S.W. 54 ST. STREET ADDRESS MIAMI, FL 33185 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST=ZIP CITY-ST-ZIP TITLE Addition ☐ Delete ☐ Change TITLE NAME STREET ANDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Detete me ☐ Change ☐ Addition m e NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP ☐ Detete ☐ Channe ☐ Addition MLE TITLE 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 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 logal 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. 186) 301-8593 SIGNATURE:

FILED

Mar 06, 2006 8:00 am