

FILED
Jun 15, 2005 8:00 am
Secretary of State

05-03-2005 90081 001 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000168122			
1. Entity Name MAKA DEVELOPMENT CORP.			
Principal Place of Business 2121 PONCE DE LEON BLVD SUITE 240 CORAL GABLES, FL 33134		Mailing Address 2121 PONCE DE LEON BLVD SUITE 240 CORAL GABLES, FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2012535		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		68.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRATS, GABRIEL 2121 PONCE DE LEON BLVD SUITE 240 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 1 or both change) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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	DPS HERNANDEZ, MARIA 2121 PONCE DE LEON BLVD SUITE 240 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT RODRIGUEZ, SILVINO 2121 PONCE DE LEON BLVD SUITE 240 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 block empowers.			
SIGNATURE: _____		06/09/05 ✓	
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		Date	