

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000023078

1. Entity Name
MAF INVESTMENTS, P.A.



Principal Place of Business
10541 VIA DE ROBINA COURT
CLERMONT, FL 34711

Mailing Address
10541 VIA DE ROBINA COURT
CLERMONT, FL 34711

**FILED
Mar 12, 2007 08:00 AM
Secretary of State**



02232007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3743540	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FUENTES, MARIA A
10541 VIA DE ROBINA COURT
CLERMONT, FL 34711

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FUENTES, MARIA A 10541 VIA DE ROBINA COURT CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000661763
03/20/07-80053-021 150.00

**DO NOT WRITE
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07

Date

Daytime Phone #