


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90096 044 ***158.75

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| DOCUMENT # P05000034316 |  |
| 1. Entity Name MARA GENERAL CONTRACTORS, INC. | |

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| Principal Place of Business 1080 S HOAGLAND BLVD #139 KISSIMMEE, FL 34741 | Mailing Address 1080 S HOAGLAND BLVD #139 KISSIMMEE, FL 34741 |
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| 2. Principal Place of Business 267 Competition Dr. Suite, Apt. #, etc. | 3. Mailing Address 267 Competition Dr. Suite, Apt. #, etc. |
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|--------------------------------------|--------------------------------------|
| City & State Kissimmee, FL | City & State Kissimmee, FL |
| Zip 34743 | Country USA |



02162006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 20-2487485 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent RODRIGUEZ, MOISES C 1080 S HOAGLAND BLVD #139 KISSIMMEE, FL 34741 | 7. Name and Address of New Registered Agent Name Moises C Rodriguez Street Address (P.O. Box Number is Not Acceptable) 267 Competition Dr. City Kissimmee FL Zip Code 34743 |
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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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 | D RODRIGUEZ, MOISES C 1080 S HOAGLAND BLVD #139 KISSIMMEE, FL 34741 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Rodriguez, Moises C. 267 Competition Dr. Kissimmee FL 34743 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **02/23/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #