

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000055258

1. Entity Name

MARALU AMERICAN CHILDREN, INC.



Principal Place of Business

520 BRICKELL KEY DR - APT 910
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DR - APT 910
MIAMI FL 33131



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

4. FEI Number

16-1753614

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTANDER, MAIDA
520 BRICKELL KEY DR - APT 910
MIAMI FL 33131

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

Maida Santander

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature requires whole name and title)

DATE

2/23/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 P ☐ Delete
NAME SANTANDER, MAIDA
STREET ADDRESS 520 BRICKELL KEY DR - APT 910
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME 000000841836
STREET ADDRESS 03/11/08-80004-014 150.00
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME GRANDA, RAMON L
STREET ADDRESS 520 BRICKELL KEY DR - APT 910
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME GRANDA, LUIS R
STREET ADDRESS 520 BRICKELL KEY DR - APT 910
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Maida Santander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/08

Date

305-371-4222

(Daytime Phone #)