

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90017 036 ***150.00

DOCUMENT # P05000111252

1. Entity Name
MAID CONCEPTS CORP.



Principal Place of Business
**5771 NW 112 AVE #104
MIAMI, FL 33178**

Mailing Address
**5771 NW 112 AVE #104
MIAMI, FL 33178**

900000



03202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3289643

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARQUEZ, CONSTANZA
5771 NW 12 AVE #104
MIAMI, FL 33188**

**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 P
NAME **MARQUEZ, ANDREA C MARQUEZ ANDREA.**
STREET ADDRESS **5771 NW 112 AVE #104 4616 NW. 114 AVE.**
CITY-ST-ZIP **MIAMI, FL 33178 #1001 Miami FL. 33178**

TITLE V
NAME **MARQUEZ, CONSTANZA**
STREET ADDRESS **5771 NW 112 AVE #104 4616 NW. 114 AVE #1001**
CITY-ST-ZIP **MIAMI, FL 33178 Miami FL. 33178**

TITLE
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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

Date

Daytime Phone #

04.16.07 786 222 4047