## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000136000

Entity Name: MARATEA, INC.

City-St-Zip:

RIVIERA BEACH, FL 33404

FILED Mar 17, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3000 N. OCEAN DRIVE APT. 35G RIVIERA BEACH, FL 33404 **New Mailing Address: Current Mailing Address:** 3000 N. OCEAN DRIVE 999 PONCE DE LEON BOULEVARD APT. 35G PH - # 1135 RIVIERA BEACH, FL 33404 CORAL GABLES, FL 33134 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MF CORPORATE SERVICES INTERNATIONAL MF CORPORATE SERVICES INTERNATIONAL 999 PONCE DE LEON BOULEVARD 1000 BRICKELL AVENUE PH -#1135 MIAMI, FL 33131 US CORAL GABLES, FL 33134 US 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. SIGNATURE: OLGA SANTINI 03/17/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition VARGAS, ANA Name: Name: 3000 N. OCEAN DRIVE - APT. 35G Address: Address: City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: ( ) Delete Title: VPD Title: () Change () Addition Name: VARGAS, MARIA CRISTINA Name: 3000 N. OCEAN DRIVE - APT. 35G Address: Address: RIVIERA BEACH, FL 33404 City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition VARGAS, JOAQUIN Name: Name: 3000 N. OCEAN DRIVE - APT. 35G Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ANA VARGAS PD 03/17/2009