2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P05000158682

1. Entity Name
MARALEX INVESTMENTS, INC.

Principal Place of Business	Mailing Address
777 BRICKELL AVENUE SUITE 1010 MIAMI, FL 33131	777 BRICKELL AVENUE SUITE 1010 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

03132008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3929242
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HENRIQUEZ, MARIO E
777 BRICKELL AVENUE
1010
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000886250
04/18/08-00048-011 158.75

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HENRIQUEZ, MARIO
STREET ADDRESS	777 BRICKELL AVE., SUITE 1010
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DT
NAME	HENRIQUEZ, MARISOL D
STREET ADDRESS	777 BRICKELL AVE., SUITE 1010
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SD
NAME	FABRE, FRANK R
STREET ADDRESS	2310 COUNTRY CLUB PRADO
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 04/02/08 (305) 381-8790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #