

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000032912

FILED
Mar 26, 2009
Secretary of State

Entity Name: MAKID INVESTMENT GROUP CORPORATION

Current Principal Place of Business:

4155 SW 130 AVE
102
MIAMI, FL 33175

New Principal Place of Business:

10251 SW 72 STREET
104
MIAMI, FL 33173

Current Mailing Address:

4155 SW 130 AVE
102
MIAMI, FL 33175

New Mailing Address:

10251 SW 72 STREET
104
MIAMI, FL 33173

FEI Number: 26-1952711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUILEZ, ARIADNE
4155 SW 130 AVE
102
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

QUILEZ, ARIADNE
3663 SW 150 CT
MIAMI, FL 33185 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: ARIADNE QUILEZ

03/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: QUILEZ, ARIADNE
Address: 4155 SW 130 AVE 3 102
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: QUILEZ, HUMBERTO
Address: 4155 SW 130 AVE
City-St-Zip: MIAMI, FL 33175

Title: D (X) Delete
Name: ARMAS, LUCIA
Address: 11268 SW 245 STREET
City-St-Zip: MIAMI, FL 33032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: QUILEZ, ARIADNE
Address: 10251 SW 72 STREET, SUITE 104
City-St-Zip: MIAMI, FL 33173

Title: VP (X) Change () Addition
Name: QUILEZ, HUMBERTO
Address: 10251 SW 72 STREET, SUITE 104
City-St-Zip: MIAMI, FL 33173

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ARIADNE QUILEZ

P

03/26/2009

Electronic Signature of Signing Officer or Director

Date