

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Page 1 of 2

<b>DOCUMENT # P06000034836</b>					
<b>1. Entity Name</b> MARIA HOMES, INC.					
<b>Principal Place of Business</b> 8141 SW 170TH TERRACE MIAMI, FL 33157			<b>Mailing Address</b> 8141 SW 170TH TERRACE MIAMI, FL 33157		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b>	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b>	
<b>6. Name and Address of Current Registered Agent</b>  LADOWSKI, LESZEK 8141 SW 170TH TERRACE MIAMI, FL 33157				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b>			
		Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PST LADOWSKI, LESZEK 8141 SW 170TH TERRACE MIAMI, FL 33157		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP LINDER, LAURENCE J 8141 SW 170TH TERRACE MIAMI, FL 33157		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<div style="display: flex; justify-content: space-between;"> <div> <b>REINSTATEMENT</b>                  100112035351                  11/06/07--01031--003 **158.75             </div> <div>                 B 10/01/07             </div> </div>					
<b>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.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 9/14/07					
Daytime Phone #					

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 OCT 29 PM 1:09



