2007 FOR PROFIT CORPORATION

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ANNUAL REPORT							4-77-11	11 6	
DOCUMENT # P0600034836 1. Entity Name MARIA HOMES, INC.						SECRETI DIVISION OF	FILEO ARY OF STATE CONPORATIO	-	
Principal Plac	ce of Business	Mailing Address	Mailing Address			1 CORPORATIONS			
8141 SW 170TH TERRACE MIAMI, FL 33157		8141 SW 170TH TERRACE MIAMI, FL 33157			, 	00129	^{PM} 1:09) 	1881 J. 1881
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09122007	Chg-P	CR2E034 (1	2/06)		
City & State		City & State			4. FEI Numb	er			olied For Applicable
Zip	Country	Zip	Countr	у	5. Certificate	of Status Desired		5 Addi	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Agent		
LABOUANI LEGIEN				Name					
	KI, LESZEK 170TH TERRACE 33157	Street Address			(P.O. Box Number is Not Acceptable)				
1010 000, 1 2	33107								
				City			FL Zi	p Code	
	named entity submits this statement to	or the purpose of changing its	s registered	office or register	ed agent, or bo	th, in the State of Flo	orida. I am familia	r with, a	ind accept
the obligations of registered agent.									
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NO1	E: Registered	Agent signature required	when reinstating)		DATE		<u> </u>
	LE NOW!!! FEE IS \$550.00 ue by September 14, 2007	9. Election Campa Trust Fund Con	_	· _ ••.	00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	L CHANGES TO OFF	ICERS AND DIRE	CTORS	IN 11
TITLE	PST	☐ Delete	TITLE				□ c		Addition
NAME	LADOWSKI, LESZEK		NAME		1 (101120	25251		
STREET ADDRESS CITY-ST-ZIP	8141 SW 170TH TERRACE MIAMI, FL 33157		STREET CITY-S	ADDRESS	11/06)01120 /0701031-	-003 **15	B. 75	ı
TITLE	VP	Delete	TITLE	11-211					Addition
NAME	LINDER, LAURENCE J	Delete	NAME					lariye	Addition
STREET ADDRESS	8141 SW 170TH TERRACE		STREET	ADDRESS		1	. 1		ļ
CITY-ST-ZIP	MIAMI, FL 33157	· · · -	CITY-S	T-ZIP	-	2 16/0	110		
TITLE		☐ Delete	TITLE		1	211/0	, i CI	1ange	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS REIN	STATE	MENT of)		
CITY-ST-ZIP			CITY-S	T-ZIP	AIVIP	HAIRTAL O	 	1	
TITLE		☐ Delete	TITLE		T-170.		CI	nange	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			CITY-S	ADDRESS T-7IP					•
TITLE		Delete	TITLE						Addition
NAME		EL Delete	NAME					ango	7,001.1011
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-S	T-ZIP	_				
TITLE NAME		☐ Delete	TITLE				Ci	iange	☐ Addition
STREET ADDRESS				ADDRESS					
C+TY-ST-ZIP			CITY-S						
12. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp	this filing does not qualify for true and accurate and that is swered to execute this report	or the exen	nptions contained re shall have the s d by Chapter 607	in Chapter 119 ame legal effect Florida Statute), Florida Statutes. I	further certify that bath; that I am an o	the info	ormation or director

Daytime Phone #

SIGNATURE: _

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AFFIDAVIT

STATE OF FLORIDA): SS: COUNTY OF MIAMI-DADE):

Before me this day personally appeared LESZEK LADOWSKI, after being duly sworn, affiant states the following:

- 1. I never received the State of Florida Annual Report in order to properly renew my corporation with the State of Florida.
- 2. My corporation was formed in 2006 and this is the first year I will be filing a annual renewal form.
- 3. Please abate the late filing fee duc to the above circumstances.

LESZEK KADOWSKI, Affiant

Sworn to and subscribed before me this 21st day of

October, 2007. Affiant's identification provided was a current

Florida Driver's License.

SEAL:

NOTARY PUBLIC State of Florida at Large

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