


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2007 8:00 am
Secretary of State

08-14-2007 90013 001 ***450.00

DOCUMENT # P06000042696		
1. Entity Name MAROA INVESTMENTS, INC.		

Principal Place of Business 2980 SW 128TH AVENUE MIAMI, FL 33175	Mailing Address 2980 SW 128TH AVENUE MIAMI, FL 33175
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66020889



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08072007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
RAMOS, LUCILO JR. 5201 BLUE LAGOON DRIVE PENTHOUSE MIAMI, FL 33126	

7. Name and Address of New Registered Agent	
Name: Cabanas Associates, P.A.	
Street Address (P.O. Box Number is Not Acceptable)	
12520 NW 26th - C201	
City: Doral	FL Zip Code: 33172

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: <i>Joseph F. Cabanas</i>	DATE: 08/07/07
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 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, SARA I 2980 SW 128TH AVENUE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Sara I. Lopez</i> Sara I. Lopez	DATE: 08/07/07 (305) 554 8560 Daytime Phone #