

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000050295

1. Entity Name
SOUTH MARAVILLAS CORP.



FILED
Aug 18, 2008 08:00 AM
Secretary of State

Principal Place of Business
14325 SW 296TH ST
HOMESTEAD, FL 33033

Mailing Address
14325 SW 296TH ST
HOMESTEAD, FL 33033



07242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4697597	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILIAN, OSVALDO A
14325 SW 296TH ST
HOMESTEAD, FL 33033

**DO NOT WRITE
IN THIS SPACE**

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 *Osvaldo Milian*

8/11/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MILIAN, OSVALDO A
STREET ADDRESS	14325 SW 296TH ST
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	DV
NAME	SALAZAR, IDALMIS
STREET ADDRESS	14325 SW 296TH ST
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/18/08-80001-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Osvaldo Milian*

8/11/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #