



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90113 044 \*\*\*158.75

DOCUMENT # P06000073963					
1. Entity Name <b>MAEBA, INC</b>					
Principal Place of Business <b>14524 SW 143RD PLACE MIAMI, FL 33186</b>			Mailing Address <b>14524 SW 143RD PLACE MIAMI, FL 33186</b>		
2. Principal Place of Business - No P.O. Box # <b>14814 SW 152ND TERRACE</b>		3. Mailing Address <b>14814 S.W. 152ND TERRACE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282007 Chg-P CR2E034 (12/06)	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>204970079</b> Applied For Not Applicable	
Zip <b>33187</b> Country <b>U.S.A.</b>		Zip <b>33187</b> Country <b>U.S.A.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REYES-MOORE, MARIA E 14524 SW 143RD PLACE MIAMI, FL 33186			Name <b>REYES-MOORE, MARIA E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>14814 SW 152ND TERRACE</b> City <b>MIAMI</b> FL <b>33187</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.					
SIGNATURE <u>Maria Elba Reyes-Moore</u> <u>Maria Elba Reyes-Moore</u> President <u>04/28/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYES-MOORE, MARIA E 14524 SW 143RD PLACE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>REYES-MOORE MARIA E</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14814 SW 152ND TERRACE</b> <b>MIAMI FL 33187</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, MARCO A 14524 SW 143RD PLACE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MOORE, MARCO A.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14814 S.W. 152ND TERRACE</b> <b>MIAMI, FL 33187</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA REYES-MOORE, MARIA E 14524 SW 143RD PLACE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA <b>REYES-MOORE, MARIA E.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14814 SW 152ND TERRACE</b> <b>MIAMI FL 33187</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Maria Elba Reyes-Moore</u> <u>Maria Elba Reyes-Moore</u> <u>04-28-07</u> <u>786-389-2180</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					