

**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 MAEBA, INC			
Principal Place of Business 14524 SW 143RD PLACE MIAMI, FL 33186		Mailing Address 14524 SW 143RD PLACE MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box # 14814 SW 152ND TERRACE Suite, Apt. #, etc.		3. Mailing Address 14814 S.W. 152ND TERRACE Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33187		Country U.S.A.	
4. FEI Number 204970079		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04282007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent REYES-MOORE, MARIA E 14524 SW 143RD PLACE MIAMI, FL 33186		7. Name and Address of New Registered Agent Name REYES-MOORE, MARIA E. Street Address (P.O. Box Number is Not Acceptable) 14814 SW 152ND TERRACE City MIAMI FL Zip Code 33187	
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>Maria Elba Reyes-Moore</i>		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	
Maria Elba Reyes-Moore President		DATE 04/28/07	
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 P NAME REYES-MOORE, MARIA E STREET ADDRESS 14524 SW 143RD PLACE CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE P NAME REYES-MOORE MARIA E STREET ADDRESS 14814 SW 152ND TERRACE CITY-ST-ZIP MIAMI FL 33187	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME MOORE, MARCO A STREET ADDRESS 14524 SW 143RD PLACE CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE VP NAME MOORE, MARCO A. STREET ADDRESS 14814 S.W. 152ND TERRACE CITY-ST-ZIP MIAMI, FL 33187	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TREA NAME REYES-MOORE, MARIA E STREET ADDRESS 14524 SW 143RD PLACE CITY-ST-ZIP MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE TREA NAME REYES-MOORE, MARIA E. STREET ADDRESS 14814 SW 152ND TERRACE CITY-ST-ZIP MIAMI FL 33187	<input checked="" 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
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: <i>Maria Elba Reyes-Moore</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Maria Elba Reyes-Moore		Date 04-28-07 786-389-2180	
		Daytime Phone #	