


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P07000113523</b>					
<b>1. Entity Name</b> MAREMSA INVESTMENT CORP.					
<b>Principal Place of Business</b> #507, 2655 LEJEUNE RD. CORAL GABLES, FL 33134			<b>Mailing Address</b> #507, 2655 LEJEUNE RD. CORAL GABLES, FL 33134		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 75-325-7165	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> FILINGS, INC. 3732 NW 16 ST. FT. LAUDERDALE, FL 33311					
<b>7. Name and Address of New Registered Agent</b> Name: <u>Juan Vicente Urdaneta</u> Street Address (P.O. Box Number is Not Acceptable): <u>8055 Lejeune Road, Suite 507</u> City: <u>Coral Gables</u> FL Zip Code: <u>33134</u>					
<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.</b> SIGNATURE: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALEM, MAURICIO <input type="checkbox"/> Delete #507, 2655 LEJEUNE RD. CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KURI, REGINA <input type="checkbox"/> Delete #507, 2655 LEJEUNE RD. CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000129438090 05/14/08--01009--014 **5600.00	
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	
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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	
<b>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.</b>					
<b>SIGNATURE</b> <u>[Signature]</u>			<b>ATTEST IN FACT</b> <u>4/22/08</u> <u>305-7281319</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FILED

2008 APR 30 AM 11:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04142008 Chg-P CR2E034 (12/06)