

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000100814

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** MAXIMILIANO PROPERTIES ONE INC.

**Current Principal Place of Business:**

2929 SW THIRD AVE SUITE 330  
MIAMI, FL 331292710

**New Principal Place of Business:**

135 SAN LORENZO AVENUE  
PH 840  
CORAL GABLES, FL 33146

**Current Mailing Address:**

2929 SW THIRD AVE SUITE 330  
MIAMI, FL 331292710

**New Mailing Address:**

135 SAN LORENZO AVENUE  
PH 840  
CORAL GABLES, FL 33146

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WAYNE, GEOFFREY M  
2929 SW THIRD AVE SUITE 330  
MIAMI, FL 331292710 US

**Name and Address of New Registered Agent:**

WAYNE, GEOFFREY M  
135 SAN LORENZO AVENUE  
PH 840  
CORAL GABLES, FL 33146 US

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.

SIGNATURE:

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: DE ARMAS, MARIA E  
Address: 135 SAN LORENZO AVENUE, PH 840  
City-St-Zip: CORAL GABLES, FL 33146 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GEOFFREY M. WAYNE

RA

04/26/2011

Electronic Signature of Signing Officer or Director

Date