

FOR PROFIT CORPORATION
ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE



DOCUMENT # P97000058787

1. Entity Name

MAISIE MOATED FLORIDA 2001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

17610 NE 19 AVE

Suite, Apt. #, etc.

3. Mailing Address

17610 NE 19 AVE

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH

Zip

33162

City & State

N. MIAMI BEACH

Zip

33162

Country

4. FEI Number

65-0766334

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name LUNA, TOMAS F

Street Address (P.O. Box Number is Not Acceptable)

17610 NE 19 AVE

City N. MIAMI BEACH

FL Zip Code 33162

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: *Luna, Tomás F.*

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

(NOTE: Registered Agent signature required when re-constituting)

DATE 5/19/2011

January 1 - May 1 Fee is \$180.00

After May 1 Fee is \$680.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing \$6.00 May Be
Trust Fund Contribution

E-mail Address:

FRANK.LUNA.305@HOMERIL.COM

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE PD

NAME LUNA, TOMAS F

STREET ADDRESS 17610 NE 19 AVE

CITY-ST-ZIP N. MIAMI BEACH, FL 33162

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: *Luna, Tomás F.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 5/19/2011

Daytime Phone # 786-274-0986

5/19/2011 786-274-0986

5/19/2011 786-274-0986

5/19/2011 786-274-0986