

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000077887

FILED
Jan 04, 2008
Secretary of State

Entity Name: MARIA MANAGEMENT GROUP CORPORATION

Current Principal Place of Business:

11950 SW 15 COURT
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

11950 SW 15 COURT
DAVIE, FL 33325

New Mailing Address:

FEI Number: 65-0942981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADANIKHOSHBAKHT, MOHAMMADREZA
11950 SW 15 COURT
DAVIE, FL 33325 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MADANIKHOSHBAKHT, MOHAMMADREZA
Address: 11950 SW 15 COURT
City-St-Zip: DAVIE, FL 33325

Title: D () Delete
Name: MOZZAYANPOUR, ALI V.P
Address: 11950 SW 15 COURT
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MADANIKHOSHBAKHTKHT, MOHAMMADREZA
Address: 11950 SW 15 COURT
City-St-Zip: DAVIE, FL 33325

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MOZZAYANPOUR ALI

MGR

01/04/2008

Electronic Signature of Signing Officer or Director

_____ Date