## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 22, 2004 08:00 AM Secretary of State

| DOCUMENT # P9900087836  1. Entity Name MARIA REAL ESTATE HOLDINGS, INC.  |   |                            |  |   |  | Secretary of State   |                     |               |                               |                           |
|--|---|----------------------------|--|---|--|--|---------------------|---------------|-------------------------------|---------------------------|
| Principal Place of Business Mailing Address  |   |                            |  |   | <del>}</del>   | -  |                     |               |                               |                           |
| 2121 SW 3RD AVE.<br>MIAMI, FL 33129  |   |                            | 2121 SW 3RD AVE.<br>Suite 800<br>Miami, FL 33129 |   |  |  |                     |               |                               |                           |
| 2. Principal Place of Business   |   |                            | 3. Mailing Address                               |   |  |  |                     |               |                               |                           |
| Suite, Apt #. etc.   |   |                            | Suite, Apt # etc City & State                    |   |  | 03242004   | Chg-P               | CR2E034       |                               |                           |
| City & State   |   |                            |  |   |  | 4. FEI Numb  |                     |               | No                            | plied For<br>t Applicable |
| Zip  | p Country   |                            | Zip  | Cour  | ntry   | 5. Certificati   | e of Status Desired |               | <b>8.75</b> Add<br>& Required |                           |
|  | 6. Name and Addrs   | ess of Current Regis       | stered Agent                                     | 7. Name and Address of New Registered Agent |  |  |                     |               |                               |                           |
| PITA, RODOLFO E<br>2121 SW 3RD AVE., SUITE 800   |   |                            |  |   | Name Street Address (P,O Box Number is Not Acceptable) |  |                     |               |                               |                           |
| MIAMI, FL 33129  |   |                            |  |   |  |  |                     |               |                               | <u> </u>                  |
| <u> </u>   |   |                            |  |   | City   |  |                     | FL            | Zip Code                      | s                         |
| 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. It am familiar with, and accept the obligations of registered agent. |   |                            |  |   |  |  |                     |               |                               |                           |
| SIGNATURE  |   |                            |  |   |  |  |                     |               |                               |                           |
| FIL<br>After M   | E NOW!!! FEE IS<br>ay 1, 2004 Fee wi  | \$150.00<br>II be \$550.00 | 9. Election Campa<br>Trust Fund Con              |   |  | 5.00 May Be<br>ided to Fees  |                     |               |                               |                           |
| 10.  | OFFICERS AND DIRECTORS    S   |                            |  |   |  | ADDITIONS  | I/CHANGES TO OF     |               |                               |                           |
| name<br>Name<br>Street Address<br>City-St-Zip  | PITA, RODOLFO E 182121 SW 3RD AVE, STE 800 Si   |                            |  |   | - }  | □ Change □ Addition  <br>U00000125090<br>04/22/04-80071-010 150.00 |                     |               |                               |                           |
| TRILE  NAME  STREET ADDRESS  CITY-ST-ZIP   | \$ <b></b>  |                            |  |   | - {  |  |                     | (             | Change                        | Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST-ZIP   |   |                            | ☐ Delate   |   | t  |  |                     |               | Change                        | Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                            | ☐ Delete   |   | ` }  |  |                     | Ĭ             | Change                        | Addition Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                            | ☐ Delete   | •   | į.   |  |                     |               | Change                        | Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                            | ☐ Delete   |   | }  |  |                     | (             | Change                        | Addition                  |
| indicated  | certify that the information on this report or supple poration or the receiver or on an attachment will | mental record is true      | and accurate and that                            | my siona                                    | fure shall bave the                                    | e same legal effe  | et as if made under | nath that Lam | an officer                    | nt diractor               |