FILED 2007 FOR PROFIT CORPORATION ANNUAL REPORT Apr 04, 2007 08:00 All Secretary of State DOCUMENT # P99000087836 MARIA REAL ESTATE HOLDINGS, INC. Principal Place of Business Mailing Address 2121 SW 3RD AVE. 2121, SW 3RD AVE. MIAMI, FL 33129 SUITE 800 MIAMI, FL 33129 02222007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0956770 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PITA, RODOLFO E DO NOT WRITE 2121 SW 3RD AVE., SUITE 800 MIAMI, FL 33129 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME PITA, RODOLFO E STREET ADDRESS 2121 SW 3RD AVE, STE 800 CITY-ST-ZIP MIAMI, FL 33129 . U00000688765 04/11/07-80008-009 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 acrequited 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 of

SIGNATURE: _______SIGNATURE AND TYPED OBJECT

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

E OF SIGNING OFFICEN OR DIRECTOR

Daytime Phone #