

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # V22979

1. Entity Name

MARAN-ATA CONSTRUCTION CORPORATION



Principal Place of Business

8300 N.W. 53 ST.

#308

MIAMI, FL 33166 US

Mailing Address

8300 N.W. 53 ST.

#308

MIAMI, FL 33166 US



07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0331954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SORIANO, ISMAEL

8300 N.W. 53 ST.

#308

MIAMI, FL 33166

**DO NOT WRITE
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)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SORIANO, ISMAEL
STREET ADDRESS 8300 N.W. 53 ST. #308
CITY-ST-ZIP MIAMI, FL 33166

TITLE D
NAME SORIANO, GISELA
STREET ADDRESS 8300 N.W. 53 ST. #308
CITY-ST-ZIP MIAMI, FL 33166

TITLE D
NAME SORIANO, ISMAEL J.R.
STREET ADDRESS 8300 N.W. 53 ST. #308
CITY-ST-ZIP MIAMI, FL 33166

TITLE D
NAME SORIANO, YISMEL
STREET ADDRESS 8300 N.W. 53 ST. #308
CITY-ST-ZIP MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000769276
07/17/07-80007-006 150.00

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 471-3204