2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # H28603

1. Entity Name MAYÁ MOTELS, INC.

Principal Place of Business

4486 N SUNCOAST BLVD CRYSTAL RIVER, FL 34428 US Mailing Address

1610 S.E. PARADISE CIR. CRYSTAL RIVER, FL 34429

IIS.

FILED* Jan 30, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 01282004 No Chg-P

4. FEI Number 59-2459944

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DESAI, PARESH G. 507 NW 9TH AVE. CRYSTAL RIVER, FL 34429

SIGNATURE:

DO NOT WRITE IN THIS SPACE

 The above harried 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, hyperd or printed name of registered agent and title if applicable (NOTE Registered			Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			oing .	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		· · · · · · · · · · · · · · · · · · ·	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESA!, PARESH G. 507 NW 9TH AVE. CRYSTAL RIVER, FL				
TITLE NAME STREET ADDRESS CITY+ST+ZIP	TS PATEL, MAYUR 2380 NW US 19 CRYSTAL RIVER, FL				0000000022382 01/30/04-80042-014 150.00
THILE NAME SHREET ADDRESS CITY: ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
HILE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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.					