2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State
07-09-2007 90045 030 ***158.75

DOCUMENT # P00000027623

1. Entity Name
MAYSHEL'S SERVICE, INC.

Principal Place of Business	Mailing Address
2851 W. 76 STREET #102 HIALEAH, FL 33018	2851 W. 76 STREET #102 HIALEAH, FL 33018

2. Principal Place of Business (No P.O. Box #)
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

07062007 Chg-P CR2E034 (12/06)

4. FEI Number
65-1012255

5. Certificate of Status Desired X **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, VICTOR M
14992 SW 17 LN.
MIAMI, FL 33185

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number Is Not Acceptable)

FL

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 pursuant to Chapter 607, Florida Statutes, and accepts the obligations of registered agent.

SIGNATURE

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	V	☐ Delete
NAME	GONZALES, MAYRA	
STREET ADDRESS	14992 SW 17 LN	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE	P	☐ Delete
NAME	GONZALEZ, VICTOR M	
STREET ADDRESS	14992 SW 17 LN.	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Add
NAME	GONZALEZ Victor F.	
STREET ADDRESS	14992 SW 17 LN	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 constitute an oath or affirmation as provided by Section 817.155, Florida Statutes, 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 1 or Block 2 above, or on an attachment with an address, with the exception of the officer/director where the address must be changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ 7/6/07 (786) 263-1918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR