## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_\_

## FILED May 08, 2006 8:00 am Secretary of State

DOCUMENT # P01000012565  1. Entity Name MAYON INVESTMENTS, INC.							05-08-2006 90305 040 ***150.00				
Principal Place of Business . Mailing Address 9725 N.W. 52							•				
Principal Place of Business . Mailing Address 9725 N.W. 52 3 10980 NW 48TH TERR 9725 N. W. 10980 NW 48TH TERR MIAMI, FL 33178 Afr. # 4/2											
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2. Principal F	Place of Busin		3. Mailing Address								
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			02202006	Chg-P	CR2E03	34 (11/05)		
City & State			City & State			4. FEI Number Applied For 65-1090630 Not Applicable					
Zip	Country		Zip	Coun	try	5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New I	Registered A	gent		
MAYON A 10980 NW	48TH TE			Name JOSE MAYON HLVAREZ  Street Address (P.O. Box Number 4s Not Acceptable)							
DORA, FL 33178					9725	N. W.	52nd	ST. 1	grr.	4/2	
			•		City MI	Am!		FL	Zip Code	178	
8. The above named entity submits this statement for the purpose of changing its registered office or régistered 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 w								DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.						,00 May Be ed to Fees					
10.	OFFICERS AND DIRECTORS			11.		ADDITIONS	CHANGES TO OFF				
TITLE NAME	PD ALVAREZ	, JOSE MAYON	Delete TITLE		1				Change	Addition	
STREET ADDRESS		48TH TERR.	SIRE		et address					-	
CITY-ST-ZIP	MIAMI, FL	. 33178	<b>₽</b>		-ST-ZIP				Channe	- Addition	
TITLE NAME	VPD MILAN-AL	VAREZ, ANN MARIE	💢 Delete	TITLE NAM					Change	Addition	
STREET ADDRESS		/ 48TH TERR			ET ADORESS					- [	
CITY-ST-ZIP TITLE	MIAMI, FL	. 33178	☐ Delete	THE	-ST-ZIP	<del> </del>	<del>- , ,</del>		☐ Change	Addition	
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NAME STREET ADDRESS	-			nami Stre	FT ADDRESS						
CITY-ST-ZIP					-ST-2IP						
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 the receiver or trustee empowered.											