


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000088491

1. Entity Name
MAYA'S GARDENS, INC.



Principal Place of Business 19901 SW 360TH STREET FLORIDA CITY, FL 33034-4201	Mailing Address 19901 SW 360TH STREET FLORIDA CITY, FL 33034-4201
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01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3651663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARROQUIN, MATIAS J
19901 SW 360TH STREET
FLORIDA CITY, FL 33034-4201**

**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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	MARROQUIN, MATIAS J 19901 SW 360TH STREET FLORIDA CITY, FL 330344201
TITLE ST	MANUEL, CANDELARIA 19901 SW 360TH STREET FLORIDA CITY, FL 330344201
TITLE NAME	
TITLE NAME	
TITLE NAME	
TITLE NAME	

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IN THIS SPACE**

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02/01/06-80025-001 150.00

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: *Matias J. Marroquin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____