2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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DOCUMENT # P03000068720 1. Entity Name							FILE	D			
HONDURAS MAYA OF MIAMI INC.							04 JUN -1 PM 11: 35				
Principal Place of Business Mailing Address											
2333 BISCAYNE BLVD 2333 BISCAYNE BLVD						}	SECRETARY TALLAHASSE	OF 2110	NΔ		
MIAMI FL 33137 MIAMI FL 33137							TALLAHASSE	E, ELVIVO	UH		
							 	18		#####	
Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc. Suite, Apt. #							MOORE	CR2E034 (1			
City & Stat	ii		City & State			4. F	El Number		 	plied For Applicable	
Zip	Count	γ	Zip	Coun	uy	5. (Certificate of Status Desired		3.75 Ado		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
. Name								-			
233	TIZ, ELSA 3 BISCAYNE BL	.VD	Street Address			(P.O. B	(P.O. Box Number is Not Acceptable)				
MIAMI FL 33137					<u> </u>						
	#				City	<u> </u>			Zin Cort		
					1			FL	Zip Cod)	
8. The above the obligat	e named entity submits tions of registered age	this statement for the	orpose of changing its	register	ed office or registe	ered ag	ent, or both, in the State of Fl	orida. I am fan	niliar with,	and accept	
	1 6/1	A DIV								}	
SIGNATURE	Signature, typed or primed no	The of registered agant and til	the 2 hoppingsble (NOTE	: Registere	a Agent signature require	ed when re	Hinstating)	DATE		{	
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- Afte	r May 1, 2004 Fee v	dil be \$550.00					 Election Campaign Fit Trust Fund Contribution 			O May Be	
Part of Property and Company of the	k Payable to Florida	OFFICERS AND DIR	362 (286.	11.			DITIONIC IOLIANICE E TO OF	ICERO AND O	OF OT O	7.01.44	
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indicated	on this report or supp	ilemental report is trui	e and accurate and that n	ny signa	ture shall have the	same:	119.07(3)(i), Florida Statutes. legal effect as if made under	oath: that I am	an officer	or director	
changed	poration or the receive I, or on an attachment t	with an address, with	red to execute this report all other like empowered.	as tedini	red by Chapter 60	ur, Hori	da Statutes; and that my nam	in abbeats to B	HOCK 10 0	DIOCK 11 If	
3104145	THE V G	6/11.14	7///				V131/64	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	5)36	2-9/34	
SIGNAT		THE MID TYPED OR PROD	DED NAME OF STOLENG OFFICER	OR DIRECT	TOR		Date	Dayle	me Phone #	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	