
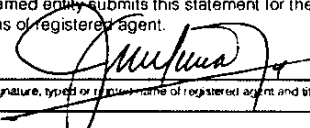
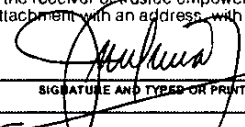


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90024 033 ***158.75

DOCUMENT # S47659			
1. Entity Name MAYORI CORPORATION			
Principal Place of Business 1430 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 US		Mailing Address 1430 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 US	
2. Principal Place of Business - No P.O. Box # 12855 SW 136TH AVE. Suite, Apt. #, etc. 210		3. Mailing Address 12855 SW 136TH AVE. Suite, Apt. #, etc. SUITE 210	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33186	Country US	Zip 33186	Country US
4. FEI Number 65-0260077		Applied For Not Applicable	
5. Certificate of Status Desired		CR2E034 (12/06)	
6. Name and Address of Current Registered Agent ORLANDO, CARVAJAL JR 5700 SW 127 AVE 1304 MIAMI, FL 33183		7. Name and Address of New Registered Agent Name: Juanita Carvajal Street Address (P.O. Box Number is Not Acceptable): 16162 SW 73 ST. City: MIAMI FL Zip Code: 33193	
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:  JUANITA CARVAJAL DATE: 4/1/08 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when renouncing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARVAJAL, ORLANDO JR. 5700 SW 127 AVE 1304 MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Juanita Carvajal 16162 SW 73 ST. MIAMI FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  JUANITA CARVAJAL		Date: 4/1/08	Daytime Phone #: (786) 522 7800
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

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