

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90255 007 ***150.00

DOCUMENT # S74291
1. Entity Name MAYA COPY REPAIR CENT., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9060 NW 162ND TERR. Suite, Apt. #, etc.	3. Mailing Address 9060 NW 162ND TERR. Suite, Apt. #, etc.
City & State HIALEAH, FL	City & State HIALEAH, FL
Zip 33018-6109	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0283096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name MAYA EDUARDO	
Street Address (P.O. Box Number is Not Acceptable) 9060 NW 162 ND TERR.	
City HIALEAH	Zip Code 33018-6109

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 _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	PVS EDUARDO, MAYA 9060 NW 162ND TERR. HIALEAH, FL. 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDUARDO, MAYA 9060 NW 162 ND TER. HIALEAH, FL. 33018
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/29/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #