2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 176301

1. Entity Name

THE MAYAN BEACH CLUB, INC.



Principal Place of Business

Mailing Address

1850 S OCEAN LANE FT LAUDERDALE, FL 33316 1850 S OCEAN LANE FT LAUDERDALE, FL 33316

FILED Jul 11, 2007 8:00 am Secretary of State

07-11-2007 90073 036 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 07032007 No Chg-P

	 	\$8.7ª	Additional
59-0729664	 		Not Applicable
4. FEI Number			Applied For

5. Certificate of Status Desired

Fee Required

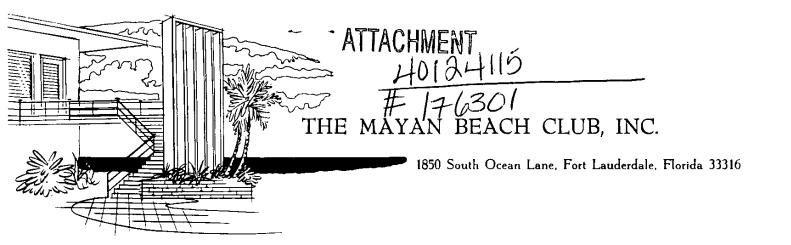
6. Name and Address of Current Registered Agent

NAME STREET ADDRESS CITY-ST-ZIP

SPENCE, MATTHEW J III 1850 S OCEAN LANE FT. LAUDERDALE, FL 33316		DO NOT WRITE IN THIS SPACE					
the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed affice or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTF Registered	d Agent signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Finance Trust Fund Contribution.		icing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRE	CTORS	I				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPENCE, MATTHEWS III 1850 S OCEAN LANE FT. LAUDERDALE, FL 33316						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP ELLIOTT, ROBERT 1850 S OCEAN LANE FT LAUDERDALE, FL 33316						
NILE NAME STREET ADDRESS CHY-ST-ZIP	2VP THORNBURY, JOHN 1850 S OCEAN LANE FORT LAUDERDALE, FL 33316			DO	NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP	T MORLEY, JOHN 1850 S. OCEAN LANE FT. LAUDERDALE, FL 33316		IN THIS SPACE				
TITLE NAME SIREET ADORESS CITY-SY-ZIP	AT CLAEYS, CHRIS 1850 S OCEAN LANE FORT LAUDERDALE, FL 33316						
THEE			1				

12. I hereby certify that the information supplied with this filing loss 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 of 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:



Florida Dept. of State. Secretary of State. Division of Corporations. P O Box 8700 Tallahassee, FL 32314

July 3rd 2007

Dear Sir, Madam.

We did not receive the renewal notice for our Annual report. If you check back on the records, you will see that we have never defaulted on this payment.

We would appreciate it if you would credit us for the penalties.

Attached please find our check for \$150.00

Thanking you in anticipation.

Yours faithfully.

Keith Beck.

Manager.