

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90023 034 \*\*\*150.00

**DOCUMENT # 554844**

1. Entity Name

MAYLIN BROTHERS INC.



Principal Place of Business

7815 W 4TH AVENUE  
HIALEAH FL 33014

Mailing Address

7815 W 4TH AVENUE  
HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1780662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAVEZ, ISABEL  
16423 SEGOVIA CIRCLE SOUTH  
PEMBROKE PINES FL 33331

Name Chavez, Isabel  
Street Address (P.O. Box Number is Not Acceptable)

7815 W. 4 Ave.

City Hialeah FL Zip Code 33014

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 x Isabel Chavez / Isabel Chavez (president) DATE 02/02/04

Signatures typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME CHAVEZ, ISABEL  
STREET ADDRESS 8280 NW 162 STREET  
CITY-ST-ZIP MIAMI FL 33016

TITLE P ☒ Change ☐ Addition  
NAME Isabel Chavez  
STREET ADDRESS 7815 W. 4 Ave.  
CITY-ST-ZIP Hialeah, FL 33014

TITLE VP ☐ Delete  
NAME GONZALEZ, MAYLIN  
STREET ADDRESS 8270 NW 162 STREET  
CITY-ST-ZIP MIAMI FL 33016

TITLE VP ☒ Change ☐ Addition  
NAME MAYLIN Gonzalez  
STREET ADDRESS 7815 W. 4 Ave  
CITY-ST-ZIP Hialeah, FL 33014

TITLE O ☐ Delete  
NAME LOPEZ, ISIDRO  
STREET ADDRESS P.O. BOX 133164  
CITY-ST-ZIP HIALEAH FL 33013

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/04 (305) 823-2337

Date

Daytime Phone #