2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 16, 2006 8:00 am Secretary of State **DOCUMENT # 554844** 1. Entity Name 06-16-2006 90104 007 ***555.00 MAYLIN BROTHERS INC. Principal Place of Business Mailing Address 7815 W 4TH AVENUE 7815 W 4TH AVENUE HIALEAH, FL 33014 HIALEAH, FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06132006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 59-1780662 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent havez CHAVEZ, ISABEL Street Address (P.O. Box Number is Not Acceptable) 7815 W 4 AVE. HIALEAH, FL 33014 $\gamma j \cdot \omega j$ lers 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. SAbe SIGNATURE. FILE NOW!!! FEE IS \$550.00° 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President TITLE TITLE ☐ Delete Change ☐ Addition Chavez, Isabel CHAVEZ, ISABEL NAME NAME 33 NW 172 Terr. STREET ADDRESS 7815 W 4 AVE. STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIP 33018 VΡ TITLE ☐ Delete TITLE V-Presiden Change Change Addition GONZALEZ, MAYLIN NAME STREET ADDRESS 7815 W 4 AVE. STREET ADDRESS 8933 Y.W. 172 Terr. CITY-ST-ZIP HIALEAH, FL 33014 CITY-ST-ZIP n TITLE ☐ Delete TITLE ☐ Change ☐ Addition LOPEZ, ISIDRO NAME NAME STREET ADDRESS P.O. BOX 133164 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33013 CITY-ST-ZIP Officer Delete TITLE DITLE Change X Addition GudiNA, Jose Terr. 8933 nw 172 Terr. NAME NAME STREET ADDRESS STREET ADDRESS HIAleAh, PL 33018 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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

06/13/00

FILED

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