

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768910

FILED
Mar 07, 2006
Secretary of State

Entity Name: THE MAYA INSTITUTE, INC.

Current Principal Place of Business:

115 W 3 CT
HIBISCUS ISLE
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2787
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 59-2340101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLA, OXIOS
115 W CT
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

CARLA, OXIOS
115 W 3 CT
MIAMI BEACH, FL 33139 US

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.

SIGNATURE:

03/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDREWS, JOAN,
Address: CALLE 13 NO 203A
City-St-Zip: 97070 MERIDA YUCATAN,

Title: VD () Delete
Name: BARBACHANO, MANUEL,
Address: CALLEJON DEL SANTISIMO 6
City-St-Zip: 01000 MEXICO, D.F.,

Title: D () Delete
Name: PONCE, FERNANDO,
Address: CALLE 21 NO. 97 X 18
City-St-Zip: 97128 MERIDA YUCATAN,

Title: D () Delete
Name: CASARES, RAUL,
Address: CALLE 52 NO 400 X AVE.
City-St-Zip: 97100 MERIDA YUCATAN,

Title: D () Delete
Name: PONCE, JOSE LUIS,
Address: CALLE 56 B NO 485
City-St-Zip: 97000 MERIDA YUCATAN,

Title: D () Delete
Name: RUENO, LUIS,
Address: CALLE 24 NO 62 X 13 Y 15
City-St-Zip: 97100 MERIDA YUCATAN,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLA E. OXIOS

RA

03/07/2006

Electronic Signature of Signing Officer or Director

Date