2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # F50858 Feb 05, 2007 08:00 AM 1. Entity Name **Secretary of State** MAYA INVESTMENTS, INC. Principal Place of Business Mailing Address 6891 S W 8 ST 6700 NW 12TH STREET MIAMI FL 33126 **MIAMI FL 33144** 2. Principal Placo of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, ctc Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State Cily & Stalo 4. FEI Number Applied For 59-2148393 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEL REY, JULIO Street Address (P.O. Box Number is Not Acceptable) 6891 SW 8TH ST **MIAMI FL 33144** City Zip Code 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 Signature, typied or printed name of registered agent and title i applicable DATE (NOTE; Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** IIIIE ☐ Defete Hat ☐ Change ■ Addition DEL RAY, JULIO NAME NAME 6891 S W 8 ST STREET ADDRESS U00000621376 STREET ADDRESS CITY-ST-7IP **MIAMI FL 33144** CHY-S1-ZIP <u>02/12/07-8</u>0014-014 158.75 HITE ☐ Delete Change Addition THEFT DEL RAY, JULIO NAMI NAMI 6891 S W 8 ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33144** CITY-ST-ZIP CHY-ST-7P ШП ☐ Defeto □ Change Addition NAMI NAME STREET ADDRESS SHIFE LADDRESS CITY-ST-ZIP CRY-ST-ZIP 11111 Delete HIII ☐ Change ☐ Addition NAME NAME SINEL LADDRESS STREET ADDRESS CITY-S1-7IP CITY-S1-7IP ☐ Defete Change ■ Adddion TITLE TOTE STREET ADORESS STREET ADDRESS CHY-S1-ZIP CHY-SI-ZIP Ш Delete TITLE ☐ Change Addition NAME NAML 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 Section 119. Florida Statutes, 1 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 eath; 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.

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Date
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