

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90416 031 \*\*\*150.00

**14014320**



<b>DOCUMENT # G50034</b> 1. Entity Name <b>MAWI, INCORPORATED</b>					
Principal Place of Business <b>575 WEST 49 ST</b> <b>HIALEAH, FL 33012 US</b>			Mailing Address <b>575 WEST 49 ST</b> <b>HIALEAH, FL 33012 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>415 W 49 STREET</b>		3. Mailing Address Suite, Apt. #, etc. <b>415 W 49 STREET</b>		04262005    Chg-P    CR2E034 (10/03)	
City & State <b>HIALEAH FL</b>		City & State <b>HIALEAH FL</b>		4. FEI Number <b>59-2308883</b>	
Zip <b>33012</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, ELENA</b> <b>5455 WEST 18TH AVENUE</b> <b>HIALEAH, FL 33012</b>			7. Name and Address of New Registered Agent Name <b>ELENA GONZALEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>415 W 49 STREET</b> <b>HIALEAH FL</b> City <b>FL</b> Zip Code <b>33012</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, ELENA 6455 W. 18TH AVE. HIALEAH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, MANUEL L. 6455 W. 18TH AVE. HIALEAH, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:			4-27-05    (305) 557-1717		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		