



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G68475 1. Entity Name MAYABEQUE FOOD CORP.						FILED 07 MAR 27 PM 2: 16 CLERK OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 2300 CORAL WAY SUTIE 200 MIAMI, FL 33145		Mailing Address 2300 CORAL WAY SUTIE 200 MIAMI, FL 33145				01242007 Chg-P CR2E034 (12/06)					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State		City & State		4. FEI Number 59-2344073		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable					
Zip Country		Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC. 2300 CORAL WAY SUTIE 200 MIAMI, FL 33145				7. Name and Address of New Registered Agent							
Name				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
				FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PD GUAN, JOSE 2000 PALM AVENUE HIALEAH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		STD GUAN, ANA MARIE 2000 PALM AVENUE HIALEAH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition 900095173029 03/28/07--01041--016 **158.75					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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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 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: <u>Jose Guan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/16/07 Date		(305)856-0056 Daytime Phone #					
JOSE GUAN, PRESIDENT											