


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State


04-28-2005 90225 030 ***150.00

DOCUMENT # P00000025002		
1. Entity Name MAYA TRADING CORPORATION		

Principal Place of Business 111 GOLDEN ISLE DRIVE #C-4 HALLANDALE, FL 33009	Mailing Address 700 LYNE BLVD 114B HALLANDALE, FL 33009
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2. Principal Place of Business 1001 N. FEDERAL HWY Suite, Apt. #, etc. 350	3. Mailing Address P.O. BOX 85054 Suite, Apt. #, etc.
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City & State HALLANDALE FL	City & State HALLANDALE FL	4. FEI Number 65-0997914	Applied For <input type="checkbox"/> Not Applicable
Zip 33009	Country U.S.	Zip 33008	Country BROW. U.S.



04262005 Chg-P CR2E034 (10/03)

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent PERAZA, CARLOS E 700 LYNE BLVD APT 114B HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Carlos E. Peraza* DATE 04/26/2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERAZA, CARLOS 700 LYNE BLVD APT 114B HALLANDALE, FL 33009 <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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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

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: *Carlos E. Peraza* DATE 04/26/2005 DAYTIME PHONE # 754-224-0535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR