


# 2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <b>00000044136</b>	
1. Entity Name	

**FILED**  
04 APR 21 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>Mayas Trucking Inc.</b> Suite/Apt. #, etc. <b>17-17 Brian Way</b> City & State <b>St. Augustine</b> Zip <b>32084</b> Country <b>Florida</b>		3. Mailing Address <b>Mayas Trucking Inc.</b> Suite/Apt. #, etc. <b>P.O. Box 188</b> City & State <b>St. Augustine</b> Zip <b>32085</b> Country <b>Florida</b>	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3643771</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>1717 Brian Way</b>	
City <b>St. Augustine</b>	FL <b>32084</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 **Jaime Maya** **Jaime Maya owner** DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>owner</b> <b>Jaime Maya</b> <b>1717 Brian Way</b> <b>St. Augustine FL 32084</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300033475463</b> <b>04/21/04--01077--004 **150.00</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Jaime Maya** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034B (12/02)