

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2005 8:00 am
Secretary of State

05-27-2005 90023 033 ***158.75

DOCUMENT # P01000000030

1. Entity Name
MAYSTICK, CORP.



Principal Place of Business
8480 S.W. 32ND TER
MIAMI, FL 33155

Mailing Address
8480 S.W. 32ND TER
MIAMI, FL 33155

40000110



03182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1150176	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GARCIA, RICARDO
8480 S.W. 32ND TER
MIAMI, FL 33155

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GARCIA, ELIA R
STREET ADDRESS	8480 S.W. 32ND TER
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	D
NAME	GARCIA, RICARDO
STREET ADDRESS	8480 S.W. 32ND TER
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Elia R. Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05

Date

Daytime Phone #