


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

07-17-2006 90144 007 \*\*\*158.80  
P01000000030

FILED

2006 AUG 14 PM 4: 33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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
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**DO NOT WRITE IN THIS SPACE**



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1150176	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

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	D GARCIA, ELIA R 8480 S.W. 32ND TER MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, RICARDO 8480 S.W. 32ND TER MIAMI, FL 33155
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**DO NOT WRITE  
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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: *Ricardo Garcia* 7-8-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #