

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056146

FILED
May 02, 2006
Secretary of State

Entity Name: MAYO INVESTORS OF TAMPA, INC.

Current Principal Place of Business:

4001 N. ARMENIA AVE.
TAMPA, FL 33607

New Principal Place of Business:

6515 N. ARMENIA AVE.
TAMPA, FL 33604

Current Mailing Address:

6515 N ARMENIA AVE
TAMPA, FL 33604

New Mailing Address:

FEI Number: 59-3723073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECHEVERRI, HERNANDO
5814 TAYWOOD DR.
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ECHEVERRI, HERNANDO
Address: 5814 TAYWOOD DR.
City-St-Zip: TAMPA, FL 33624

Title: V () Delete
Name: SUAREZHOYOS, JOSE V
Address: 6515 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33604

Title: TS () Delete
Name: ECHEVERRI, ANA M
Address: 5814 TAYWOOD DR.
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: ECHEVERRI, YOLANDA
Address: 5814 TAYWOOD DR.
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: ISAZA-SUAREZ, MARIA H
Address: 6515 N. ATMENIA AVE.
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERNANDO ECHEVERRI

P

05/02/2006

Electronic Signature of Signing Officer or Director

_____ Date