


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90020 009 ***150.00

DOCUMENT # P02000013697			
1. Entity Name MOHA MAYA CORPORATION			
Principal Place of Business 1801 STATE RD. 80 BELLE GLADE FL 33430		Mailing Address 800 NE FIRST ST. BELLE GLADE FL 33430	
2. Principal Place of Business - No P.O. Box # 1801 State Rd 80		3. Mailing Address P.O. BOX - 301	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Belle Glade		City & State Belle Glade	
Zip FL-33430	Country West Palm Beach	Zip FL-33430	Country WFB
6. Name and Address of Current Registered Agent BIZJAK, SHELLEY 800 NE FIRST ST. BELLE GLADE FL 33430		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Shelley Bizjak</i></u> SHELLEY BIZJAK DATE <u><i>3/31/2008</i></u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when completing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIZJAK, SHELLEY 800 NE FIRST ST. BELLE GLADE FL 33430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Shelley Bizjak</i></u> SHELLEY BIZJAK		DATE: <u><i>3/31/2008</i></u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Day: 31 Month: 03 Year: 2008</small>	



1st MOORE CR2E034 (10/07)