

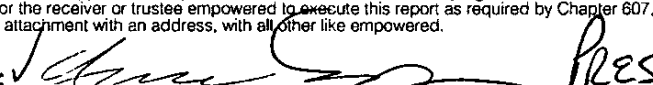


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

05-26-2005 90029 020 ***150.00

DOCUMENT # P02000079327 1. Entity Name MAYA STAFFING CO.					
Principal Place of Business 3200 COLLINS AVE STE #125 MIAMI BEACH, FL 33140			Mailing Address 3200 COLLINS AVE STE #125 MIAMI BEACH, FL 33140		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 5450 N.W. 114th AVENUE Suite, Apt. #, etc. UNIT # 103 City & State DORAL, FLORIDA Zip Country 33178 U.S.A.			
					
				05202005 Chg-P CR2E034 (10/03)	
4. FEI Number 41-2052865		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MAGAZ, AMERICA 3200 COLLINS AVE STE #125 MIAMI BEACH, FL 33140			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST MAGAZ, AMERICA 3200 COLLINS AVE STE #125 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MAGAZ, ROBERT J 3200 COLLINS AVE. STE #125 MIAMI BEACH, FL 33140	<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 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:  Pres. Date 5/23/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					