

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90151 023 \*\*\*150.00

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05302006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P02000085415</b> 1. Entity Name <b>MAYVIT DC, CORP.</b>					
Principal Place of Business <b>2809 BIRD AVE SUITE 1-B MIAMI, FL 33133</b>			Mailing Address <b>9619 FONTAINEBLEAU BLVD. #514 MIAMI, FL 33172</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <b>8330 NW. 107 PL</b> <b>#6</b> Suite, Apt. #, etc. <b>FL</b> City & State <b>Doral Florida</b> Zip                      Country <b>33178 Miami-Dade</b>			
4. FEI Number <b>76-0713728</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>MAZZA-MARTINEZ, TANIA A 780 NW 42 AVE STE 420 MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>CASTILLO, MAYLET X</b> <b>2809 BIRD AVE SUITE 1-B</b> <b>MIAMI, FL 33133</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>CASTILLO, MAYLET X</b> <b>8330 NW. 107 PL #6</b> <b>Doral, FL 33178</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>M</b> <b>DALY, VICTOR M</b> <b>2809 BIRD AVE SUITE 1-B</b> <b>MIAMI, FL 33133</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>M</b> <b>Daly Victor M</b> <b>8330 NW 107 PL</b> <b>Doral FL 33178</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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 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 signature like empowered.					
<b>SIGNATURE:</b> _____			<b>05/30/06 305-884-4121</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					