2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

FILED
May 05, 2004 8:00 am
Secretary of State
04-19-2004 90385 020 ***150.00

DOCUMENT # P02000094605

1. Entity Name
MAVA ADVERTISING INC.

Principal Place of Business	Mailing Address
~~5450 N.W. 107TH AVE. #708~~ ~~MIAMI, FL 33178~~	~~5450 N.W. 107TH AVE. #708~~ ~~MIAMI, FL 33178~~

01132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
8650 NW 6TH LANE		8650 NW 6TH LANE	
Suite, Apt. #, etc. 204		Suite, Apt. #, etc. 204	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33126	Country	Zip 33126	Country

4. FEI Number 81-0568451 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALLEJO, HILDA MARCELA ~~5450 N.W. 107TH AVE. #708~~ ~~MIAMI, FL 33178~~	Name VALLEJO, HILDA MARCELA Street Address (P.O. Box Number is Not Acceptable) 8650 NW 6TH LANE #204 City MIAMI FL Zip Code 33126

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 ____________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 VALLEJO, HILDA MARCELA 5450 N.W. 107TH AVE. #708 MIAMI, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALLEJO, HILDA MARCELA 8650 NW 6 LANE #204 MIAMI, FL 33126	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, LUIS R 5450 N.W. 107TH AVE. #708 MIAMI, FL 33178	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ____________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #