


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

04-22-2004 90072 044 ***100.00
05-06-2004 90186 044 ****50.00

DOCUMENT # P02000125309 1. Entity Name MAYA COPAN CORP.					
Principal Place of Business 2148 NW 17 AVE MIAMI, FL 33142			Mailing Address 2148 NW 17 AVE MIAMI, FL 33142		
2. Principal Place of Business <i>Same</i>			3. Mailing Address <i>Same</i>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		Zip 	
Country 		Country 		4. FEI Number 46-0509515	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RUGLAS, REYNALDO A 13514 NE 20 COURT N MIAMI BEACH, FL 33181				7. Name and Address of New Registered Agent Name <i>Reynaldo A. Ruglas</i> Street Address (P.O. Box Number is Not Acceptable) <i>13514 NE 20 CT</i> City <i>N Miami Beach FL</i> Zip Code <i>33181</i>	
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 <i>[Signature]</i> DATE <i>3/4/04</i> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	D RYGLAS, REYNALDO A 13514 NE 20 COURT N MIAMI BEACH, FL 33181	<input type="checkbox"/> Delete			
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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 <i>[Signature]</i> DATE <i>3/4/04</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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