
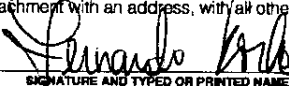


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2004 8:00 am
Secretary of State

04-22-2004 90031 018 ***150.00

DOCUMENT # P03000007864					
1. Entity Name MAYA SKATEBOARD COMPANY					
Principal Place of Business 761 BLUE RIDGE WAY DAVIE, FL 33325			Mailing Address 761 BLUE RIDGE WAY DAVIE, FL 33325		
2. Principal Place of Business		3. Mailing Address 13762 West State Road 84			
Suite, Apt. #, etc.		Suite, Apt. #, etc. No. 111			
City & State		City & State Davie, FL		4. FEI Number 47-0906409	
Zip		Country 33325 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PKWY., STE. 300 TAMPA, FL 33637-2087			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's 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. <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 KOIKE, FERNANDO <input type="checkbox"/> Delete 761 BLUE RIDGE WAY DAVIE, FL 33325		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President KOIKE, FERNANDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 761 Blue Ridge Way Davie, FL 33325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOIKE, VALTER <input type="checkbox"/> Delete 761 BLUE RIDGE WAY DAVIE, FL 33325		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President KOIKE, VALTER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5620 Simms Street Hollywood, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer KOIKE, CHIOHATI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 761 Blue Ridge Way Davie, FL 33325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			Fernando Koike		5/07/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		954-309-4391 Daytime Phone #

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4/22/2004-90031-018-\$150.00-\$150.00

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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 reappointing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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 KOIKE, FERNANDO <input type="checkbox"/> Delete 761 BLUE RIDGE WAY DAVE, FL 33325		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOIKE, VALTER <input type="checkbox"/> Delete 761 BLUE RIDGE WAY DAVE, FL 33325		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Valter Koike <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5620 Simms Street Hollywood, FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chiohati Koike <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 761 Blue Ridge Way Davie, FL 33325	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: <u><i>Fernando Koike</i></u> Fernando Koike			4/19/04		954-309-4391