2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000007864 1. Entity Name 04-22-2004 90031 018 ***150.00 MAYA SKATEBOARD COMPANY Principal Place of Business Mailing Address 761 BLUE RIDGE WAY 761 BLUE RIDGE WAY **DAVIE, FL 33325 DAVIE, FL 33325** 2. Principal Place of Business 3. Mailing Address 13762 West State Road 84 Suite, Apt. #, etc. Suite, Apt. #, etc. 04182004 Cha-P CR2E034 (10/03) No. 111 City & State City & State 4. FEI Number 47-0906409 Applied For Davie, FL Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 33325 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PKWY., STE. 300 Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33637-2087 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE President X Change ☐ Addition KOIKE, FERNANDO NAME KOIKE, FERNANDO NAME STREET ADDRESS 761 BLUE RIDGE WAY STREET ADDRESS. 761 Blue Ridge Way CITY-ST-ZIP **DAVIE, FL 33325** CITY-ST-ZIP Davie, FL 33325 TITLE ☐ Delete TITLE Vice President XI Change ☐ Addition KOIKE, VALTER NAME NAME KOIKE, VALTER STREET ADDRESS 761 BLUE RIDGE WAY STREET ADDRESS 5620 Simms Street CITY-ST-ZIP **DAVIE, FL 33325** CITY-ST-ZIP Hollywood, FL 33021 TITLE ☐ Delete TITLE Treasurer ☐ Change X Addition NAME KOIKE, CHIOHATI NAME 761 Blue Ridge Way STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Davie, FL 33325 TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 addyses, with all other like empowered. SIGNATURE: Fernando Koike 5/07/04 954-309-4391

Date

Daytime Phone #

FILED

May 12, 2004 8:00 am

2004 FOR PROFIT CORPORATION

6642137 472272004-90031-018-\$150.00-\$150.00

DOCUMENT # P0300007864 1. Entity Name MAYA SKATEBOARD COMPANY								Attachment					
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				Mailing Address 13762 West State Road 84									
Suite, Apt. #, etc.			Suite, Apt. #, etc. No. 111					04182004	Chg-P	CR2E	34 (10/03)		
City & State			City & State Davie, FL					47-09064	er 109			plied For t Applicable	
Zip	Country			zıρ 3 325	Cour		E. Certificate of Status Desire			S8.75 Additional Fee Required			
Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name						
FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PKWY., STE. 300 TAMPA, FL 33697-2087						Street Ad	kdress (i	P.O. Box Numb	er is Not Acceptable	0)			
						City				FI	Zip Cod	•	
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 accelling above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelling 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 accelling the obligations of registered agent.												and accept	
SIGNATURE Signative, typed or printed name of registered agent and title 8 applicables. (NOTE: Registered Agent signature required when retriacting) DATE													
								OD May Be ed to Fees					
10.	OFFICERS AND DIRECTORS							ADDITIONS	CHANGES TO OFF	ICERS AN			
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STREET ADDRESS CITY-ST-ZIP	761 BLUE RIDGE WAY SIR DAVIE, FL 33325 CM												
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STREET ADDRESS CITY-ST-ZP	KOIKE, VALTER 761 BLUE RIDGE WAY DAVIE, FL. 33325							620 Simms Street ollywood, FL 33021					
HITLE HAME STREET ADDRESS CITY-ST-ZIP	Delete ITIL.						761	iohati Koike I Blue Ridge Way vie, FL 33325				⊠ Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	Delete TITT.										☐ Change	☐ AdditIon	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Deleta	TITE NAA SIR	_ i					☐ Change	Addition	
TITLE				☐ Delete	mı						☐ Change	Addition	
NAME STREET ADORESS CITY-ST-ZIP						IE Eet adoress Y-St-21P						į	
12. Thereby certify that the information supplied with this filling 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 certify 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.													
SIGNAT	SIGNATURE: Fernando Koike 4/19/04 954-309-4391												