

**2004 FOR PROFIT CORPORATE
ANNUAL REPORT**

DOCUMENT # P03000068594

1. Entity Name
MAYA AZTECA INCOME TAX SERVICES OF PALM
BEACH INC



Principal Place of Business
625 S DIXIE HWY STE 7
LAKE WORTH, FL 33460

Mailing Address
625 S DIXIE HWY STE 7
LAKE WORTH, FL 33460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GRECIA SENCION, SILIS
625 S DIXIE HWY STE 7
LAKE WORTH, FL 33460

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

4. FEI Number
51-04 73231

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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 changing)

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	GREC IA SENCION, SILIS 625 S DIXIE HWY STE 7 LAKE WORTH, FL 33460	<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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

David P. Pardo

1030

**FILED
Apr 12, 2004 8:00 am
Secretary of State**

04-12-2004 90558 001 ***150.00

04-12-2004 90558 002 ****8.75

6641UJJJ



04072004 Chg-P CR2E034 (10/03)