

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2005 08:00 AM
Secretary of State**

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**



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0473231

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Silis Grecia Sencion

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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U00000338361
04/28/05-80033-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SILIS GRECIA SENCION - Silis Sencion **4/25/05** **561-5821030**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #