


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90073 007 ***150.00

DOCUMENT # P03000075397		
1. Entity Name MAYA ELECTRONICS, INC.		

Principal Place of Business 1063 W FLAGLER STREET MIAMI, FL 33130	Mailing Address 1063 W FLAGLER STREET MIAMI, FL 33130
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50008694

2. Principal Place of Business 245 SE 1ST STREET Suite, Apt. #, etc. 203 City & State MIAMI FL Zip 33131 Country USA	3. Mailing Address 245 SE 1ST STREET Suite, Apt. #, etc. 203 City & State MIAMI FL Zip 33131 Country USA
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01122005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent IZAGUIRRE, CHRISTIAN 1063 W FLAGLER STREET MIAMI, FL 33130	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 245 SE 1ST STREET SUITE 203 City MIAMI FL Zip Code 33131	
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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

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

(NOTE: Registered Agent signature required when reinstating)

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	D IZAGUIRRE, CHRISTIAN <input type="checkbox"/> Delete 1063 W FLAGLER STREET MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IZAGUIRRE, CINTHYA <input type="checkbox"/> Delete 1063 W FLAGLER STREET MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 245 SE 1ST STREET STE 203 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 245 SE 1ST STREET STE 203 MIAMI FL 33131
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"/> Change <input type="checkbox"/> Addition
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"/> 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

1/25/05

Date

305-374-9520

Daytime Phone #