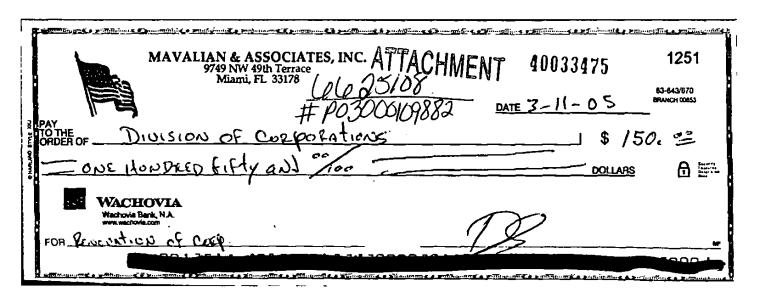
2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secrétary of State **DOCUMENT # P03000109882** 1. Entity Name 03-17-2005 90013 026 ***150.00 MAVALIAN & ASSOCIATES, INC. Principal Place of Business Mailing Address 729 SHERWOOD TERR DR BAY 313 729 SHERWOOD TERR DR BAY 313 ORLANDO, FL 32818 ORLANDO, FL 32818 2. Principal Place of Business 3. Mailing Address 607 SPICE TRADER <u>P.O. Box 682196</u> Suite, Apt. #, etc. 07172005 Chg-P CR2E034 (10/03) H City & State City & State 4. FEI Number " Applied For 73 - 168 - 07 ORIANDO 021ANDO Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 32868-2195 <u>32818</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIEERA DENNIS SIERRA, DENNIS Street Address (P.O. Box Number is Not Acceptable) 4716 NW 114TH AVE # 102 MIAMI, FL 33178 SPICE TRADER WAY Zip Code 32818 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 regist 7-18-05 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Due by September 7, 2005 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SIERRA, DENNIS NAME NAME 729 SHERWOOD TERR DR, BAY 313 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32818 CFTY-ST-ZIP TITLE VD Delete TITLE ☐ Change ■ Addition NAME RAMOS, LISDE NAME 729 SHERWOOD TERR DR, BAY 313 STREET ADDRESS STREET ADDRESS ORLANDO, FL 32818 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE-☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition 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 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 empowered. SIGNATURE:

FILED

Jul 27, 2005 8:00 am



DEPARTMENT OF SIATE
FOR DEPOSIT ONLY
ACCT. # 1009008798

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