

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000123918

Entity Name: MAYCAL INC.

FILED  
Jan 07, 2005  
Secretary of State

## Current Principal Place of Business:

5601 COLLINS AVE #1224  
MIAMI BCH, FL 33140

## New Principal Place of Business:

## Current Mailing Address:

5601 COLLINS AVE #1224  
MIAMI BCH, FL 33140

## New Mailing Address:

FEI Number: 73-1696850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALZADILLA, ALFREDO  
5601 COLLINS AVE #1224  
MIAMI BCH, FL 33140 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CALZADILLA, ALFREDO  
Address: 5601 COLLINS AVE #1224  
City-St-Zip: MIAMI BCH, FL 33140

Title: V ( ) Delete  
Name: CALZADILLA, MARIA  
Address: 5601 COLLINS AVE #1224  
City-St-Zip: MIAMI BCH, FL 33140

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO CALZADILLA

P

01/07/2005

Electronic Signature of Signing Officer or Director

Date