



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90101 006 ***150.00

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|--|---|---|---|---|--|
| DOCUMENT # P04000008589 | | | |  | |
| 1. Entity Name MAYO-ROSELLO CORPORATION | | | | | |
| Principal Place of Business 7337 W. FLAGLER STREET MIAMI, FL 33144 | | | Mailing Address 7337 W. FLAGLER STREET MIAMI, FL 33144 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-059-0627 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GONZALEZ, REYNALDO 11658 N.W. 90 AVENUE HIALEAH GARDENS, FL 33018 | | | 7. Name and Address of New Registered Agent Name NELIDA E. ALONSO Street Address (P.O. Box Number is Not Acceptable) 830 N.W. 23 CT. City MIAMI FL Zip Code 33125 | | |
| 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 _____ DATE 02-28-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$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 | PD <input checked="" type="checkbox"/> Delete GONZALEZ, REYNALDO 11658 NW 90 AVE. HIALEAH GARDEN, FL 33018 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NELIDA E. ALONSO 830 N.W. 23 CT. MIAMI, FL 33125 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD <input checked="" type="checkbox"/> Delete GUTIERREZ, LILIAN 11658 NW 90 AVE. HIALEAH GARDEN, FL 33018 | | 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 | |
| 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 | |
| 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:  | | | PRESIDENT NELIDA E. ALONSO | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 02-28-2005 Daytime Phone # (305) 261-9790 | | |