

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000108217

1. Entity Name
MAYELA INCORPORATED



Principal Place of Business
2655 LEJEUNE ROAD STE 507
CORAL GABLES, FL 33134

Mailing Address
2655 LEJEUNE ROAD STE 507
CORAL GABLES, FL 33134

FILED

06 APR 21 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1440450

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
PVST
CAMACHO, MAYELA
2655 LEJEUNE ROAD STE 507
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CAMACHO, MAYELA
2655 LEJEUNE ROAD STE 507
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP

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05/01/06--01004--001 **3308.75

**DO NOT WRITE
IN THIS SPACE**

K. Eckel APR 21 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or without power of attorney.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suan Urdaneta, Esq. Atty. in fact.
4113106 305-728-1319
For: Mayela Camacho - Pres