


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000108217 1. Entity Name MAYELA INCORPORATED	
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 APR 18 AM 8:18

Principal Place of Business 2655 LEJEUNE ROAD STE 507 CORAL GABLES, FL 33134	Mailing Address 2655 LEJEUNE ROAD STE 507 CORAL GABLES, FL 33134
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02192007 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 <input type="checkbox"/>	\$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
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**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

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

(NOTE: Registered Agent signature required when reinstating)

700097496597

04/19/07--01003--017 \*\*6758.75

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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
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**DO NOT WRITE  
IN THIS SPACE**

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 full authority empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #