2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166311

Entity Name: MAYTE PRIDA FOUNDATION, INC.

FILED May 02, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4000 TOWERSIDE TERRACE 888 BRICKELL KEY DR

2009 2307

MIAMI SPRINGS, FL 33138 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

PO BOX 310503 888 BRICKELL KEY DR

MIAMI, FL 33231 2307

MIAMI, FL 33131

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRIDA, MAYTE PRIDA, MAYTE

4000 TOWERSIDE TERRACE 888 BRICKELL KEY DR 2009 2307
MIAMI SPRINGS, FL 33138 US MIAMI, FL 33131 US

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.

in the State of Florida.

SIGNATURE: MAYTE PRIDA 05/02/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

Name: PRIDA, MAYTE Name: PRIDA, MAYTE
Address: 4000 TOWERSIDE TERRACE #2009 Address: 888 BRICKELL KEY DR

City-St-Zip: MIAMI SPRINGS, FL 33138 City-St-Zip: MIAMI, FL 33131

Title: DT () Delete Title: DT (X) Change () Addition Name: PRIDA, MARIA T Name: PRIDA, MARIA T

Address: 1111 BEICKELL BAY DR Address: 888 BRICKELL KEY DR
City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33131

Title: DS () Delete Title: () Change () Addition

 Name:
 LEVITAN, AIDA
 Name:

 Address:
 445 GRAN BAY DR APT 501
 Address:

 City-St-Zip:
 KEY BISCAYNE, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MAYTE PRIDA DP 05/02/2007