2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 29, 2007 08:00 AM DOCUMENT # P04000169487 **Secretary of State** MAYÁ DRAFTING & DESIGNS, INC. Principal Place of Business Mailing Address 411 LORRAINE DR. 411 LORRAINE DR. FORT MYERS, FL 33905 FORT MYERS, FL 33905 01232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2026207 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LORENZO, FRANCISCO J DO NOT WRITE 411 LORRÁINE DR. FORT MYERS, FL 33905 IN THIS SPACE 3. 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, typed or printed name of registered agent and trie if applicable (NOTE: Registered Agent signature required when reinstaling) DATE U00000609540 02/01/07-80054-010 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 ☐ Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE NAME LORENZO, FRANCISCO J 411 LORRAINE DR. STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33905 TITLE LORENZO, MARIA C NAME STREET ADDRESS 411 LORRAINE DR. CITY-ST-ZIP FORT MYERS, FL 33905 TITLE HAME STREET ACCRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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:

FORMICE SEE _ HINERVEL .

BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/23/07 (239) 5906292

FILED

Daytime Phone #