2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P06000051625

1. Entity Name

CYNTHIA MAFFEO CORP.

Principal Place of Business	Mailing Address
806 15TH AVE WEST PALMETTO FL 34221	806 15TH AVE WEST PALMETTO FL 34221

2. Principal Place of Business - No P.O. Box #	3. Mailing Address *PO Box 1688*
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State *Palmetto, Fl*
Zip Country	Zip *34220-1688* Country *US*

1st MOORE   CR2E034 (10/06)

4. FEI Number *72-1614812*	Applied For
	Not Applicable

5. Certificate of Status Desired   ☒   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAFFEO, CYNTHIA 806 15TH AVE WEST PALMETTO FL 34221	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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   applicable   *NOTE: Registered Agent signature required when reinstating*   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing   **$5.00** May Be
Trust Fund Contribution. ☐   Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE **D** NAME MAFFEO, CYNTHIA STREET ADDRESS 806 15TH AVE WEST CITY ST ZIP PALMETTO FL 34221	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change	☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: _*Cynthia Maffeo*_   *4/24/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #