


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

01-31-2007 90036 010 ***150.00

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| DOCUMENT # P06000093727 | |  | |
| 1. Entity Name MAYER SERVICES INC. | | | |
| Principal Place of Business 7372 W 29 WAY HEALEAH, FL 33018 | | Mailing Address 7372 W 29 WAY HEALEAH, FL 33018 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 01292007 | | Chg-P CR2E034 (12/06) | |
| 4. FEI Number 57123-9466 | | 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 | | 7. Name and Address of New Registered Agent | |
| A1A-REGISTERED-AGENT INC 92 SADBERRY RD QUINCY, FL 32351 | | Name ILIANA INFANTE | |
| | | Street Address (P.O. Box Number is Not Acceptable) 8181 NW 36 ST SUIT 1001 A | |
| | | City Miami | |
| | | FL Zip Code 33166 | |
| 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: <i>[Signature]</i> | | DATE | |
| Signature typed or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS ALVAREZ, TEROLYN 7372 W 29 WAY HEALEAH, FL 33018 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS ILIANA INFANTE 8181 NW 36 ST SUIT 1001 A MIAMI FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 all other like empowered. | | | |
| SIGNATURE: <i>[Signature]</i> | | Date: 2/16/07 (305) 436 6646 | |
| Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |