

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

1/25/2008-90020-026-\$150.00-\$150.00

FILED

2008 MAR -6 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P06000106155</b> 1. Entity Name <b>MAYA MANAGEMENT OF MIAMI CORP.</b>			
Principal Place of Business <b>15622 SW 59 ST MIAMI, FL 33193</b>		Mailing Address <b>15622 SW 59 ST MIAMI, FL 33193</b>	
2. Principal Place of Business - No P.O. Box # <b>12905 SW 42 ST</b> Suite, Apt. #, etc. <b>111</b>		3. Mailing Address <b>12905 SW 42 ST.</b> Suite, Apt. #, etc. <b>111</b>	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>FL</b>		Zip <b>33175</b>	
Country <b>Miami-Dade</b>		Country <b>Miami-Dade</b>	
4. FEI Number <b>APPLIED FOR</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MASVIDAL, MARIALYS</b> <b>10865 SW 112 AVE #113</b> <b>MIAMI, FL 33176</b>		7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> 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: <u><i>Marielys Masvidal</i></u> <b>president</b> DATE: <u><i>1/16/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MASVIDAL, MARIALYS</b> <b>10865 SW 112 AVE #113</b> <b>MIAMI, FL 33176</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>GONZALEZ, YANIS</b> <b>11297 SW 84 ST #M-216</b> <b>MIAMI, FL 33176</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Marielys Masvidal</i></u> <b>president</b> DATE: <u><i>1/16/08</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		_____ <small>Date Daytime Phone #</small>	

3/10  
aw