

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000125704

Entity Name: MAYA 99, INC.

FILED
Jun 14, 2007
Secretary of State

Current Principal Place of Business:

851 WASHINGTON AVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

851 WASHINGTON AVE
MIAMI BEACH, FL 33139

New Mailing Address:

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

Name and Address of Current Registered Agent:

DHT TAX & MANAGEMENT INC.
1711 WHITEHALL DR #105
FT. LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

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:

Title: DPS () Delete
Name: FAYAD, ISSSAM
Address: 851 WASHINGTON AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: FAYAD, TARA
Address: 851 WASHINGTON AVE
City-St-Zip: MIAMI BEACH, FL 33139

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: TARA FAYAD

VP

06/14/2007

Electronic Signature of Signing Officer or Director

_____ Date