2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State 05-02-2007 90066 017 ***150.00

DOCUMENT # P06000142365 1. Entity Name MAUIEXPO KENNEL, INC.					05-02-200	7 90066 0	17 ***1	50.00
Principal Place of Business 13345 SW 61 STREET MIAMI, FL 33183	3345 SW 61 STREET 13345 SW 61 STREET			400			ilin a ama n a iri	183 1 F 1881
2. Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01102007	Chg-P	CR2E034	(12/06)	
City & State	City & State	y & State		4. FEI Number				plied For t Applicable
Zip Country	Zip	Country		5. Certificate o	f Status Desired	□ \$8 Fe	8.75 Addi e Required	itional I
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
TALAVERA, CATALINA 13345 SW 61 STREET			Name Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33183					··			
			City FL Zip Code					
8. The above named entity submits this statement the obligations of registrated and SIGNATURE Signature, typed or printed name of registered ag	Catalina Tau	aven	office or registere		, in the State of Flo	rida. I am fan	niliar with, a	and accept
FILE NOW!!! FEE IS \$150,00 After May 1, 2007 Fee will be \$55	9. Election Campai Trust Fund Contr			00 May Be ed to Fees	HANGES TO OFFI	CERS AND D	IRECTORS	S IN 11
NAME P: TALAVERA, CATALINA STREET ADDRESS 13345 SW 61 STREET CITY-ST-ZIP MIAMI, FL 33183	□ Delete	TITLE NAME STREET A CITY-ST	ADDRESS - ZIP				Change	Addition
TITLE VP NAME TALAVERA, LUIS C STREET ADDRESS 13345 SW 61 STREET CITY-ST-ZIP MIAMI, FL 33183	☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS - Zip				_ Change	Addition
INLE NAME SIREET ADDRESS CITY-ST-ZIP INDIAN GOYCO, DICOO CEO (NOT MON) 1 3345 SW LI 6TT RET MION I FL 3318.5	□ Delete	TITLE NAME STREET A	ADDRESS - Zip				Change	Addition
ITILE NAME NAME STREET ADDRESS CITY-ST-ZIP MICHAEL 1315 MICHAEL 13183	Gravera Delete	TITLE NAME STREET A CITY-ST	ADDRESS Zip] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS 1-ZIP			[_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS 1-ZIP			C	Change	Addition
I hereby certify that the information supplied vindicated on this report or supplemental report of the corporation or the receiver or trustee of changed, or on an attachment with an address.	with this filing does not qualify for the true and accurate and that in highweight to execute this report of with all other like empowered.	or the exemmy signature as required	nptions contained e shall have the s d by Chapter 607	d in Chapter 119, same legal effect 7, Florida Statutes	Florida Statutes. I as if made under c and that my name	further certify bath; that I am e appears in E	that the in an officer Block 10 or	formation or director Block 11 if