

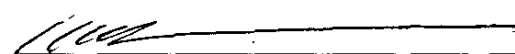


FILED
Jul 08, 2004 8:00 am
Secretary of State

44047511

DOCUMENT # P92000007494				07-08-2004 90188 040 ***150.00	
1. Entity Name MAITA MANAGEMENT, INC.					
Principal Place of Business 8296 S. ORANGE BLOSSOM TRL. ORLANDO, FL 32809 US		Mailing Address 8296 S. ORANGE BLOSSOM TRL. ORLANDO, FL 32809 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06302004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 59-3157584	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIH, GRACE 8296 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32809				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHIH, GRACE		NAME		
STREET ADDRESS	8296 S. ORANGE BLOSSOM TRAIL		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			6130104 4022400570		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Attachment
44047511

MAITA MANAGEMENT, INC.
8296 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809
TEL. (407) 240-0570

June 30, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Maita Management, Inc.
Document No. P92000007494

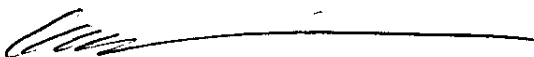
Dear Sirs:

We enclosed herewith the Annual Report for the year 2004 along with the fee of One Hundred and Fifty Dollars (\$150.00). The 2004 Annual Report Notice was never received and was therefore overlooked. We recently retained a new accountant who advised us that we have not submitted our Annual Report for the year 2004.

We sincerely apologize for this oversight and would take the necessary precaution to ensure that this mistake does not reoccur in the future. We respectfully request an abatement of any associated penalties as there is clearly no intension of withholding our filing fees.

Please do not hesitate to contact me if I can be of any additional help with this matter.

Respectfully,



Grace Shih
President