2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P92000007494

1. Entity Name
MAITA MANAGEMENT, INC.

Principal Place of Business	Mailing Address
8296 S. ORANGE BLOSSOM TRL. ORLANDO, FL 32809 US	8296 S. ORANGE BLOSSOM TRL. ORLANDO, FL 32809 US

DO NOT WRITE IN THIS SPACE

03192005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3157584	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHIH, GRACE
8296 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	SHIH, GRACE	
STREET ADDRESS	8296 S. ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO, FL 32809	
TITLE		
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

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03/21/05-80051-011 150.00

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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: _____   3/19/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #