

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000012084

Entity Name: MAYTON INC. OF FLORIDA

FILED
Apr 11, 2005
Secretary of State

Current Principal Place of Business:

404 E. ATLANTIC BLVD.
SUITE 101
PONPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

404 E. ATLANTIC BLVD.
SUITE 101
PONPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 65-0402810 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSENTHAL, STUART S ESQ
404 E. ATLANTIC BLVD.
SUITE 101
PONPANO BEACH, FL 33060 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BRETON, ERIC GUY
Address: 1500 S OCEAN BLVD #507
City-St-Zip: POMPANO BEACH, FL 33062

Title: DST () Delete
Name: BRETON, NICHOLAS
Address: 1500 S OCEAN BLVD #507
City-St-Zip: POMPANO BEACH, FL 33062

Title: DV () Delete
Name: BRETON, CLAUDINE
Address: 1500 S OCEAN BLVD #507
City-St-Zip: POMPANO BEACH, FL 33062

Title: DV () Delete
Name: BRETON, JEAN FRANCOIS
Address: 1500 S OCEAN BLVD #507
City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete
Name: BRETON, CLAUDE DR
Address: 1500 S OCEAN BLVD #507
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLAUDE BRETON

D

04/11/2005

Electronic Signature of Signing Officer or Director

_____ Date