2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000066322

Entity Name: MAYSVILLE INC

Title:

Name:

Address:

City-St-Zip:

DS

() Delete

711 NE 29 STREET - SUITE 36

REDONDO, CARMEN

MIAMI, FL 33137

FILED Apr 20, 2005 Secretary of State

		ALLE HVO.						
Current Principal Place of Business:				New Principal Place of Business:				
711 N.E. 29TH STREET, SUITE 36 MIAMI, FL 33137				711 N.E. 29TH STREET SUITE 36 MIAMI, FL 33137				
Current Mailing Address:				New Mailing Address:				
711 N.E. 29TH STREET, SUITE 36 MIAMI, FL 33137				711 N.E. 29TH STREET SUITE 36 MIAMI, FL 33137				
FEI Number:	52-1536889	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status	Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
REDONDO 711 NE 29 #36 MIAMI, FL	ŚT							
The above in the State		ty submits this statement for the	purpose o	f changing it	s registered o	ffice or registered	agent, or both,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent					Date			
Election Can	npaign Finand	cing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD REDONDO, 711 NE 29TI MIAMI, FL 3	H ST, STE 36		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	DV REDONDO, 711 NE 29 S MIAMI, FL 3	STREET - SUITE 39		Title: Name: Address: City-St-Zip:	REDONDO, AU	EET - SUITE 36		
Title: Name: Address: City-St-Zip:	DV REDONDO, 711 NE 29 S MIAMI, FL 3	STREET - SUITE 36		Title: Name: Address: City-St-Zip:	()	Change () Addition		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALEX REDONDO P 04/20/2005

() Change () Addition