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07-19-2006 9:00:05 AM ***158.75
P95000025507

2006 FOR PROFIT CORPORATION ANNUAL REPORT

2006 OCT 10 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


40100035



07102006 Chg-P CR2E034 (11/05)

DOCUMENT # P95000025507

1. Entity Name
MAYRA VIDE-PEREZ CONSULTING & DISTRIBUTING CORP.



Principal Place of Business
8121 SW 35TH TERRACES
MIAMI, FL 33155

Mailing Address
8121 SW 35TH TERRACES
MIAMI, FL 33155

2. Principal Place of Business
600 Biltmore Way
Suite, Apt. #, etc.
1216

3. Mailing Address
600 Biltmore Way
Suite, Apt. #, etc.
1216

City & State
Coral Gables FL

City & State
Coral Gables FL

Zip
33134

Country
USA

Zip
33134

Country
USA

4. FEI Number
65-0647837

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUEST, JAMES M PA
15600 SW 288 ST SUITE 201
HOMESTEAD, FL 33033

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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VIDE-PEREZ, MAYRA 8121 SW 35TH TERRACES MIAMI, FL 33155	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PEREZ, JULIAN 8121 SW 35TH TERRACES MIAMI, FL 33155	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mayra V Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/15/06 305
Daytime Phone #: 323-5228

MAYRA V PEREZ



MAYRA VIDE-PEREZ CONSULTING
DOC # P95000025507

ADDRESS 600 BILTMORE WAY
APT 1216
CORAL GABLES, FLORIDA 33134

**THIS IS NOW THE OFFICIAL ADDRESS OF THE CORPORATION AND IT'S TWO
SHAREHOLDERS. JULIAN AND MAYRA PEREZ.**

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