2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 08:00 AM Secretary of State

ANNU	Apr 11, 2003 00:00 A				
DOCUMENT # P960000		Secre	tary of State		
1. Entity Name - MAYRIS CORPORATION					
Principal Place of Business	Mailing Address		_		
9210 SOUTHWEST 160TH STREET MIAMI, FL 33157 9210 SOUTHWEST 160TH STREET MIAMI, FL 33157					
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DO NOT WRITE IN THIS SPAC			02192005 No Chg-P CR2E034 (10/03)		
	South Book Stook	4. FEI Number 65-06805	29	Applied For Not Applicable	
			5. Certificate of S	Status Desirea =	\$8.75 Additional Fee Required
6. Name and Address of Cui	rent Registered Agent			· . · · · · · · · · · · · · · · · · · ·	
DITTMAR, DAVID P ESQ. 3250 MARY STREET SUITE 400			DO N	OT WRI	T
			IN THIS SPACE		
COCONUT GROVE, FL 33133	. 1 t 			no win	/ bu.
8. The above named entity submits this stateming	ent for the purpose of changing its reg	istered office or registe	red agent or both in	n the State of Florida, 1	am familiar with, and accept
the obligations of registered agent		•		-	
SIGNATURE Signature, typed or printed name of registered	agont and fife if applicable (NOTE: Re	g stered Agent a gnature required	d when renstating)		NTE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$5			.00 May Be led to Fees		
 	AND DIRECTORS		<u>-</u>		, Legal, Carear
NAME MENCIA, MARIA E		Į.			er peu
STREET ADDRESS 14761 SW 84TH CT					
CITY-ST-ZIP MIAMI, FL TITLE VP			•		(5)
NAME PIKIERIS, YANIS		i	_	. ugoggo2 <u>98</u> :	371 65-012 150.00
STREET ADDRESS 14761 SW 84TH CT CITY-ST-ZIP MIAMI, FL		ļ	Ļ	14/11/05-800	55-012 150,00
TITLE					
NAME STREET ADDRESS			**** *	8 %******************************	oge geor
CITY-SI-ZIP			DO NOT WRITE		
TITLE NAME			NT	HS SPAC)
STREET ADDRESS CITY-SI-ZIP					
TITLE		· · · · ·	•		,
NAME STREET ADDRESS		j			
CUA-21-SIB		1			
TITLE					

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f). 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 path; 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 all process, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND THEE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05

Davime Phone #