

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000016550

1. Entity Name
MAYA EXPRESS SERVICES INC.



Principal Place of Business
4152 PALM BEACH BLVD.
FORT MYERS, FL 33916

Mailing Address
4152 PALM BEACH BLVD.
FORT MYERS, FL 33916



04082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
65-0748029

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALDANA, C. L.
4152 PALM BEACH BLVD.
FORT MYERS, FL 33916

**DO NOT WRITE
IN THIS SPACE**

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	ALDANA, C. L.
STREET ADDRESS	10466 CURRY PALM LANE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	D
NAME	ALDANA, LUIS
STREET ADDRESS	7957 GATOR PALM DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	D
NAME	ALDANA, DENNIS
STREET ADDRESS	10466 CURRY PALM LANE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	D
NAME	ALDANA, MAGALY
STREET ADDRESS	10466 CURRY PALM LANE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	D
NAME	SPRANDEL, INGRID
STREET ADDRESS	622 SE 10TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000343696
04/29/05-80106-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/8/05