



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000048341</b> 1. Entity Name <b>MAE'S REGGAE INN, INC.</b>					
Principal Place of Business <input type="checkbox"/> Mailing Address <input type="checkbox"/> <b>391 S LAKE AVE</b> <input type="checkbox"/> <b>P O BOX 346</b> <b>PAHOKEE FL 33476</b> <input type="checkbox"/> <b>PAHOKEE FL 33476</b>				 1st MOORE CR2E034 (10/04)	
2. Principal Place of Business <input type="checkbox"/>		3. Mailing Address <input type="checkbox"/>			
Suite, Apt. #, etc. <input type="checkbox"/>		Suite, Apt. #, etc. <input type="checkbox"/>			
City & State <input type="checkbox"/>		City & State <input type="checkbox"/>			
Zip <input type="checkbox"/>	Country <input type="checkbox"/>	Zip <input type="checkbox"/>	Country <input type="checkbox"/>	4. FEI Number <b>65-1013605</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>HILL, FELICIA</b> <b>391 S LAKE AVE</b> <b>PAHOKEE FL 33476</b>				7. Name and Address of New Registered Agent Name <input type="checkbox"/> Street Address (P.O. Box Number is Not Acceptable) <input type="checkbox"/> City <input type="checkbox"/> <b>FL</b> Zip Code <input type="checkbox"/>	
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) <small>Signature, typed or printed name of registered agent and title if applicable</small> <span style="float: right;"><small>DATE</small></span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HILL, FELICIA</b> <b>383 ANNONA AVE</b> <b>PAHOKEE FL 33476</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1100000273642</b> <b>03/23/05-80035-019 150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 all other like empowered

**SIGNATURE:**  **3/24/05** **561 924-5230**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #