2004 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS

SIGNATURE:

Feb 25, 2004 08:00 AM Secretary of State **DOCUMENT # P99000008820** 1. Entity Name MAYWEIN, INC. Mailing Address Principal Place of Business 148 13TH STREET S.W. 148 13TH STREET S.W. LARGO, FL 33770 LARGO, FL 33770 02092004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0896974 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEINSTOCK, STEPHEN M DO NOT WRITE 148 13TH STREET S.W. LARGO, FL 33770 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. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 1/000000064883 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 02/25/04-80012-019 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WEINSTOCK, STEPHEN M NAME 148 13TH STREET S.W. STREET ADDRESS CITY-ST-ZIP LARGO, FL 33770 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED