2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2005 08:00 AN Secretary of State DOCUMENT # P99000034925 CIRCULO MAYA, INC. Mailing Address Principal Place of Business 4150 PALM BEACH BLVD 4150 PALM BEACH BLVD FT. MYERS, FL 33916 FT. MYERS, FL 33916 04082005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0918939 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ALDANA, LUIS A 4152 PALM BEACH BLVD. FT. MYERS, FL 33916 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 Redistered Agent signature required when reinstating) Signature, typed or printed name of registered agent and fitle if applicable **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. CFO TITLE DENNIS, ALDANA NAME 10466 CURRY PALM LANE STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33912 CEO ALDANA, LUIS U00000334344 04/27/05-80040-012 150.00 NAME 7957 GATOR PALM LANE STREET ADDRESS CITY -ST-ZIP FORT MYERS, FL 33912 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-S1-7tP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

e empowered

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an ag

SIGNATURE:

FILED