2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000076570

1. Entity Name MODERN MAYA DESIGN CONCEPTS, INC.



FILED
Apr 23, 2004 08:00 AM
Secretary of State

Principal Place of Business

2419 RED ROAD MIAMI, FL 33155 Mailing Address

2419 RED ROAD MIAMI, FL 33155



DO NOT WRITE IN THIS SPACE

04092004	No Chg-P	CR2E034 (10/03

4. FEI Number 65-0951139 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POHL, HOWARD A 2640 HOLLYWOOD BLVD. SUITE 220 HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Florida. I am	familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	00000012622 04/23/04-80024	2 -025 150.00
10.	OFFICERS AND DIREC	CTORS			-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALACSINA, NUBIA P 2419 RED ROAD CORAL GABLES, FL 33155					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NELSON, DONALD K 2419 RED ROAD CORAL GABLES, FL 33155				. =	n inki.
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRIT	<u>E</u>
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN .	THIS SPACI	
NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of	certify that the information supplied with this fi	iling does not qualify for the exer	nption state:	d in Section 119.07(3)	(i), Florida Statutes. I further ce	rtity 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: 4 SIGNATURE : SIGNATURE AND TYPED OR PRINTED INAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT. Date Daylore Prone &