2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P99000076570

DOCUMENT # 1. Entity Name

MODERN MAYA DESIGN CONCEPTS, INC.



FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 91041 017 ***150.00

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Suite, Apt. 4, etc. Suite, Ap	4640 W. FLAG	SLER ST.		4640	4840 W. FLAGLER ST. MIAMI FL 33134-1513												
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### Corns Cable 5 The Control of Status Desired* Santa Address of Current Registered Agent ### Corns Cable 5 Santa Session ### Corns Cable 5 Sant			100110		· · ·	<i>μ</i>					СНЕ	CK HE	RE IF M.	AKING (CHANGES	S	
Signature to provide range of registered Agent (INTEL Registered Agent) Fee Required FOHL, HOWARD A 2840 HOULTWOOD BLVD. SUITE 220 HOULTWOOD FL 33020 8. The above named entity summits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MALCSINA, NUBIA P SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-2P TITLE MALE CORAL GABLES FL 33155 CITY-ST-2P CORAL GABLES FL 33155 CITY-ST-2P TITLE MALE CORAL GABLES FL 33155 CITY-	City & Stat	" GAB K	es, Fia	Co	CORN CABLES, TLA				4. FEI Number 65-0951139					\longrightarrow	Applied For Not Applicable		
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12. I hereby certify that the information supplied with this filling 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. **Notice Patricia** Malacsina**	indicated of the corp	on this report poration or the	or supplemental report receiver or trustee em	t is true and a powered to	accurate and that me execute this report a	ny signati as require	ure shall ha ed by Cha _l	ave the s pter 607,	same le , Florid	egal effec la Statute	t as if ma s; and the	ade und at my na	es. I furth er oath; ame app	ner certif that I am ears in E	y that the an office Block 10 c	informatio r or director or Block 11	n or l if