2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000085407

Entity Name: MAOVALL CORP.

FILED Mar 19, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13600 NW 4 ST 2882 S.W. 175 AVE MIRAMAR, FL 33029

PEMBROKE PINES, FL 33028

Current Mailing Address: New Mailing Address:

P.O. BOX 260781 20930 MEADOWHILL DR. PEMBROKE PINES, FL 33026 SPRING, TX 77388

FEI Number: 65-0977149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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.

SIGNATURE: EDGAR MAFLA 03/19/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MAFLA, EDGAR Name: MAFLA, EDGAR

 Name:
 MAFLA, EDGAR
 Name:
 MAFLA, EDGAR

 Address:
 13600 NW 4 ST #206
 Address:
 2882 S.W. 175 AVE.

 City-St-Zip:
 PEMBROKE PINES, FL 33028
 City-St-Zip:
 MIRAMAR, FL 33029

Title: VD () Delete Title: VD (X) Change () Addition Name: OVALLE, MARIA A Name: OVALLE, MARIA A

 Name:
 OVALLE, MARIA A
 Name:
 OVALLE, MARIA A

 Address:
 13600 NW 4 ST #206
 Address:
 2882 S.W. 175 AVE.

 City-St-Zip:
 PEMBROKE PINES, FL 33028
 City-St-Zip:
 MIRAMAR, FL 33029

Title: VD (X) Delete Title: () Change () Addition

 Name:
 RUIZ, OSKAR
 Name:

 Address:
 6917 SW 115 PL H
 Address:

 City-St-Zip:
 MIAMI, FL 33173
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDGAR MAFLA PD 03/19/2004