


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90046 020 \*\*\*150.00

<b>DOCUMENT # P99000087057</b> 1. Entity Name <b>MAAYAN FOUNDATION, INC.</b>					
Principal Place of Business <b>9440 NW 5416 DORAL TERR. MIAMI, FL 33178</b>			Mailing Address <b>9440 NW 5416 DORAL TERR. MIAMI, FL 33178</b>		
2. Principal Place of Business <b>9440 NW 54th</b> Suite, Apt. #, etc. <b>Doral Terr</b> City & State <b>Miami, FL</b> Zip <b>33178</b>		3. Mailing Address <b>9440 NW 54th</b> Suite, Apt. #, etc. <b>Doral Terr</b> City & State <b>Miami FL</b> Zip <b>33178</b>		02082006    Chg-P    CR2E034 (11/05)	
4. FEI Number <b>65-0951482</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>KIKUCHIN, TERUHIDE 2920 BIRKDALE WESTON, FL 33332</b>	
7. Name and Address of New Registered Agent Name <b>Kikuchi Teruhide</b> Street Address (P.O. Box Number is Not Acceptable) <b>9440 NW 54th Doral Terr</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33178</b>				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 <u><i>T. Kikuchi</i></u> DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD KIKUCHI, TERUHIDE <input type="checkbox"/> Delete 9440 NW 54TH DORAL TERR. MIAMI, FL 33178		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>T. Kikuchi</i></u> Date _____    Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					