

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010491

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC4853947559**

**Entity Name:** MAYAN-GUATEMALAN ASSOCIATION AJAW KABAWIL, INC

**Current Principal Place of Business:**

15557 SW WARFIELD BLVD  
INDIANTOWN, FL 34956

**Current Mailing Address:**

P.O. BOX 628  
INDIANTOWN, FL 34956 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: Yes**

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

CRUZ, ANDRES  
15557 SW WARFIELD BLVD  
INDIANTOWN, FL 34956 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CRUZ, ANDRES  
Address 15557 SW WARFIELD BLVD  
City-State-Zip: INDIANTOWN FL 34956

Title VP  
Name VELAZQUEZ, VICTOR  
Address 15338 SW 150TH ST  
City-State-Zip: INDIANTOWN FL 34956

Title S  
Name CRUZ, LILIAN  
Address 14715 SW 174TH CT  
City-State-Zip: INDIANTOWN FL 34956

Title T  
Name CRUZ, MAGDA  
Address 14715 SW 174TH CT  
City-State-Zip: INDIANTOWN FL 34956

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ANDRES CRUZ**

**PRESIDENT**

**04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date