


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # H94378
 1. Entity Name
MALLIS ENTERPRISES, INC.



Principal Place of Business Mailing Address
820 S.W. 26TH RD. **820 S.W. 26TH RD.**
MIAMI, FL 33129 **MIAMI, FL 33129**

DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2627350 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MANGIERO, DAVID
12790 SOUTH DIXIE HIGHWAY
SUITE 210
MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and filer. (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000585031
 01/12/07-80063-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALLIS, SPEARS C. 820 S.W. 26TH RD. MIAMI, FL
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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: *Spears C. Mallis* SPEARS C. MALLIS 1/12/07 305-854-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #