


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90034 028 ***150.00

DOCUMENT # K74925
 1. Entity Name
MAALI ENTERPRISES, INC.



Principal Place of Business Mailing Address
 7582 W SAND LAKE ROAD 7582 W SAND LAKE ROAD
 ORLANDO, FL 32819 US ORLANDO, FL 32819 US

DO NOT WRITE IN THIS SPACE

00010400



01302006 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-2941788 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 MAALI, AMJAD
 7582 W SAND LAKE ROAD
 ORLANDO, FL 32819

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MAALI, AMJAD 7582 W SAND LAKE ROAD ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD MAALI, JIHAD 7582 W SAND LAKE ROAD ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD BASSEL, MAALI 7582 W SAND LAKE ROAD ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____