

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M32603

Entity Name: MALARI, INC.

FILED  
Feb 24, 2004  
Secretary of State

**Current Principal Place of Business:**

2805 NORTH STATE ROAD 7  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

2805 NORTH STATE ROAD 7  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 59-2693033

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FEDERICI, SONDR  
2805 N. STATE RD. 7  
HOLLYWOOD, FL 33021 US

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: FEDERICI, SONDR  
Address: 2805 NORTH STATE ROAD 7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: P ( ) Delete  
Name: LEWIN, NAOMI  
Address: 2805 NO. STATE ROAD 7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete  
Name: FEDERICI, JAMES  
Address: 2805 NO STATE ROAD 7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete  
Name: HERNANDEZ, RHONDA  
Address: 2805 NO STATE ROAD 7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete  
Name: LEWIN, CURT  
Address: 2805 NO STATE ROAD 7  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: SONDR FEDERICI

OFFI

02/24/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date