

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90068 031 ***150.00

DOCUMENT # P02000058139	
1. Entity Name MALEOS INVESTMENTS, INC.	

Principal Place of Business C/O OSVALDO N. SOTO, ESQ. 2151 SO. LEJEUNE ROAD, STE. 310 CORAL GABLES, FL 33134	Mailing Address C/O OSVALDO N. SOTO, ESQ. 2151 SO. LEJEUNE ROAD, STE. 310 CORAL GABLES, FL 33134
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50014869



2. Principal Place of Business 2655 S. LeJeune Rd.	3. Mailing Address 2655 LeJeune Rd.
Suite, Apt. #, etc. PH-II C	Suite, Apt. #, etc. PH-II C

02092005 Chg-P CR2E034 (10/03)

City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134	Zip 33134
Country U.S.A.	Country U.S.A.

4. FEI Number 56-2297166	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOTO, OSVALDO N 2151 SOUTH LEJEUNE ROAD SUITE 310 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name SOTO, OSVALDO N. Street Address (P.O. Box Number is Not Acceptable) 2655 S. LeJeune Road. PH-II C City Coral Gables FL Zip Code 33134	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.1.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CORREA, CARLOS A.G. 2151 S. LEJEUNE RD., STE. 310 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CORREA, CARLOS A.G. 2655 LeJeune Rd, PH-II C Coral Gables, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CORREA, OSVALDO A 2151 S. LEJEUNE RD., STE. 310 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CORREA OSVALDO A. 2655 LeJeune Rd, PH-II C Coral Gables, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Carlos A. Correa*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____