

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000146210

1. Entity Name
MAL ABRIGO CORPORATION



Principal Place of Business
15715 SOUTH DIXIE HIGHWAY #209
MIAMI, FL 33157

Mailing Address
15715 SOUTH DIXIE HIGHWAY #209
MIAMI, FL 33157



03292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1102241

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ-ARNAO, ANTONIO
407 LINCOLN RD STE 11-L
MIAMI BEACH, FL 33139

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE	ED
NAME	FEDER, CARLA
STREET ADDRESS	407 LINCOLN RD STE 11-L
CITY-ST-ZIP	MIAMI BCH, FL 33139
TITLE	FD
NAME	COHEN, PATRICIA
STREET ADDRESS	407 LINCOLN RD STE 11-L
CITY-ST-ZIP	MIAMI BCH, FL 33139
TITLE	P
NAME	GONZALEZ-ARNAO, ANTONIO
STREET ADDRESS	407 LINCOLN RD STE 11-L
CITY-ST-ZIP	MIAMI BCH, FL 33139
TITLE	T
NAME	FEDER, TOBIAS
STREET ADDRESS	407 LINCOLN RD STE 11-L
CITY-ST-ZIP	MIAMI BCH, FL 33139
TITLE	S
NAME	FEDER, MARCOS
STREET ADDRESS	407 LINCOLN RD STE 11-L
CITY-ST-ZIP	MIAMI BCH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/06/07-80052-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 #