2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006343

Address:

City-St-Zip:

BOYNTON BEACH, FL 33435

Jul 23, 2004 Secretary of State

Entity Name: MAFA, INC. **Current Principal Place of Business: New Principal Place of Business:** 3504 DIANE DRIVE BOYNTON BEACH, FL 33435 **Current Mailing Address: New Mailing Address:** 3504 DIANE DRIVE BOYNTON BEACH, FL 33435 FEI Number: 65-0958499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FISHMAN, GARY LLOYD 3504 DIANE DRIVE BOYNTON BEACH, FL 33435 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FISHMAN, GARY LLOYD Name: Name: Address: 3504 DIANE DRIVE Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: () Delete Title: () Change () Addition FISHMAN, LINDA ROCHETTE Name: Name: Address: 3504 DIANE DRIVE Address: BOYNTON BEACH, FL 33435 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition FISHMAN, SYDNEY Name: Name: 3504 DIANE DRIVE

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GARY LLOYD FISHMAN D 07/23/2004