

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 367451

Entity Name: MALIO'S, INC.

FILED
Apr 18, 2005
Secretary of State

Current Principal Place of Business:

301 SOUTH DALE MABRY HIGHWAY
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

301 S DALE MABRY
P O BOX 18534
TAMPA FLA, 33679

New Mailing Address:

P.O.BOX18534
TAMPA, FL 33679

FEI Number: 59-1298565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IIVARONE, MALIO J.
907 SEDDON COVE WAY
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

IIVARONE, MALIO J PRES.
907 SEDDON COVE WAY
TAMPA, FL 33602 US

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: MALIO J. IIVARONE

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD (X) Delete
Name: SANCHEZ, RAY,
Address: 13812 MILL COVE CIR
City-St-Zip: TAMPA, FL 0,

Title: STD (X) Delete
Name: SANCHEZ, DENNIS G,
Address: 3127 W. SLIGH AVE., #202A
City-St-Zip: TAMPA, FL 33614

Title: PD () Delete
Name: IIVARONE, MALIO J.,
Address: 907 SEDDON COVE WAY
City-St-Zip: TAMPA, FL 33602

Title: VS () Delete
Name: IIVARONE, SHIRLEY,
Address: 907 SEDDON COVE WAY
City-St-Zip: TAMPA, FL 33602

Title: VP () Delete
Name: IIVARONE, DEREK E
Address: 3934 FONTAINE BLEAU DR.
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P/D (X) Change () Addition
Name: IIVARONE, MALIO J P/D
Address: 907 SEDDON COVE WAY
City-St-Zip: TAMPA, FL 33602 US

Title: VS/D (X) Change () Addition
Name: IIVARONE, SHIRLEY A VS/D
Address: 907 SEDDON COVE WAY
City-St-Zip: TAMPA, FL 33602 US

Title: VP/D (X) Change () Addition
Name: IIVARONE, DEREK E VP/D
Address: 3934 FONTAINE BLEAU DR.
City-St-Zip: TAMPA, FL 33634 US

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: MALIO J. IIVARONE

PRES

04/18/2005

Electronic Signature of Signing Officer or Director

Date