


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 646954</b> 1. Entity Name <b>MALZ BROTHERS AUTO SALES, INC.</b>	
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Principal Place of Business <b>3618 E KERRY LANE INVERNESS, FL 34452 US</b>	Mailing Address <b>3618 E KERRY LANE INVERNESS, FL 34452 US</b>
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**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1956364</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>MALZ, KEITH ALLEN 3618 E KERRY LANE INVERNESS, FL 34452</b>
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**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000753237</b> <b>05/22/07-80012-018 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD MALZ, ELEONORE 3618 E. KERRY LN. INVERNESS, FL 34452</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD MALZ, KEITH ALLEN 3618 E. KERRY LANE INVERNESS, FL 34452</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: ELEONORE MALZ **ELEONORE MALZ 04-25-07(352)726-3845**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #