## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 27, 2007 8:00 am Secretary of State

DOCUMENT # 722391  1. Entity Name MALAGA TOWERS CONDOMINIUM ASSOCIATION, INC.						215 023 ****61.25	
Principal Place of Business 1920 S. OCEAN DRIVE HALLANDALE, FL 33009		Mailing Address 1920 S. OCEAN DRIVE HALLANDALE, FL 33009			÷		
2 Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252007	Chg-NP	CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-1429	 262	Applie Not Ar	ed For policable
Žip	Country	Zip	Country	5. Certificate o	f Status Desired	\$8.75 Addition	<del> </del>
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New Re		
			Name	Name			
CANTOR, JERALD C 4000 HOLLYWOOD BLVD. SUITE 375 SOUTH			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
	OOD, FL 33021				···		
			City			FL Zip Code	·
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. (NOT	E: Registered Agent signature	required when reinstating)		DATE	
			·			OATE	
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	9. Election Car	E. Registered Apent signature  npaign Financing  Contribution.	\$5.00 May Be		DATE ike check payable to da Department of State	B
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI	9. Election Car Trust Fund (	npaign Financing Contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHA	Floric	ke check payable to	
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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 617, 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 ampowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Phone 1