2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State
04-18-2006 90066 015 ***158.75

DOCUMENT # F55190

1. Entity Name
MALEK AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
253 N.E. 2ND AVENUE DELRAY BEACH, FL 33444	253/257 N.E. 2ND AVENUE DELRAY BEACH, FL 33444

02012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
601 North Congress Ave	SAME
Suite, Apt. #, etc. suite 430	Suite, Apt. #, etc.
City & State Delray Beach, FL	City & State
Zip 33445 Country Palm Beach	Zip Country

4. FEI Number 59-2178418 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABDALLAH, ABDELMALEK M. 253 N.E. 2ND AVENUE DELRAY BCH, FL 33444	Name Abdelmalek M. Abdallah Street Address (P.O. Box Number is Not Acceptable) 601 N. Congress Ave, suite 430 City Delray Beach FL Zip Code 33445

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABDALLAH, ABDELMALEK M 253 N.E. 2ND AVENUE DELRAY BCH, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Abdelmalek M. Abdallah 601 North Congress Ave, suite 430 Delray Beach, FL 33445 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Abdelmalek M. Abdallah 3/28/06 (561) 272-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #