2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State
04-18-2007 90153 007 ***150.00

DOCUMENT # F55190

1. Entity Name
MALEK AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
601 NORTH CONGRESS AVE SUITE 430 DELRAY BEACH, FL 33445	253/257 N.E. 2ND AVENUE DELRAY BEACH, FL 33444

04092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
660 Linton Blvd.	SAME
Suite, Apt. #, etc. Suite 218A	Suite, Apt. #, etc.
City & State Delray Beach	City & State
Zip FL 33444 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. 601 N. CONGRESS AVE, SUITE 430 DELRAY BEACH, FL 33445	Name Malek Abdallah Street Address (P.O. Box Number is Not Acceptable) 660 Linton Blvd, Suite 218A City Delray Beach FL Zip Code 33444

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 ________________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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 601 NORTH CONGRESS AVE, SUITE 430 DELRAY BEACH, FL 33445 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Malek Abdallah, President 660 Linton Blvd. Suite 218A Delray Beach, FL 33444 ☒ 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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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: Malek Abdallah 4/12/07 (561) 272-1860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #