

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G13905

Entity Name: MALM PROPERTIES, INC.

FILED
Feb 07, 2008
Secretary of State

Current Principal Place of Business:

4255 GLENEAGLE DRIVE
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

Current Mailing Address:

4255 GLENEAGLE DRIVE
BOYNTON BEACH, FL 33436 US

New Mailing Address:

FEI Number: 59-2249822

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERAZZOLI, ANTONIO
4255 GLENEAGLE DRIVE
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FERAZZOLI, ANTONIO
Address: 4255 GLENEAGLE DRIVE
City-St-Zip: BOYNTON BCH, FL 33436 US

Title: D () Delete
Name: FERAZZOLI, MAFALDA
Address: 6772 COBIA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: DST () Delete
Name: FERAZZOLI, MARIA
Address: 4255 GLENEAGLE DRIVE
City-St-Zip: BOYNTON BCH, FL 33436 US

Title: VP () Delete
Name: FERAZZOLI, LORETO
Address: 6772 COBIA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LORETO FERAZZOLI

VP

02/07/2008

Electronic Signature of Signing Officer or Director

_____ Date