


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # G84551 1. Entity Name MAL-MAR MERCHANDISING, INC. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 10630 S.W. 89TH COURT MIAMI, FL 33176-3711 | Mailing Address 10630 S.W. 89TH COURT MIAMI, FL 33176-3711 |
|--|--|

DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

| | |
|--|--------------------------------|
| 4. FEI Number 59-2415761 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|---|
| 6. Name and Address of Current Registered Agent REISMAN, MARCIA M. 10630 S.W. 89TH COURT MIAMI, FL 33176 |
|---|

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD REISMAN, MARCIA M. 10630 S.W. 89TH COURT MIAMI, FL 33176 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REISMAN, TERRY M. 10630 S.W. 89TH COURT MIAMI, FL 33176 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000258283
03/10/05-80035-016 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Marcia M. Reisman President 3/1/05 305-234-6250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____
MARCIA M. REISMAN