FEB. 23. 2004 4:55PM B RUSSELL ACCOUNTING

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Mar 05, 2004 8:00 am
Secretary of State
03-05-2004 90012 032 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K03790

1. Entity Name
MALAGA MOTEL APARTMENT'S, INC.

44015469

02232004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
% ARTHUR R. GODAR 1721 SE 46 LANE CAPE CORAL, FL 33904	% ARTHUR R. GODAR 1721 SE 46 LANE CAPE CORAL, FL 33904
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-0028687 ☐ 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
GODAR, ARTHUR R. 1721 SE 46 LANE CAPE CORAL, FL 33804	Name: SAME Street Address (P.O. Box Number is Not Acceptable): 1225 LA FAUNCE WAY City: FT MYERS FL Zip Code 33919

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: ARTUR R. GODAR [signature] DATE: 03-03-04
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, 2004 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	PD GODAR, ARTHUR R 1721 SE 46 LN CAPE COARL, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1225 LA FAUNCE WAY FT MYERS FL 33919	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GODAR, PATRICIA 1721 SE 46 LANE CAPE CORAL, FL	☐ 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 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: [signature] 03-03-04 239-936-8169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #