


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90026 002 ***150.00

DOCUMENT # K03790 1. Entity Name MALAGA MOTEL APARTMENT'S, INC.	
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Principal Place of Business % ARTHUR R. GODAR 1721 SE 46 LANE CAPE CORAL, FL 33904	Mailing Address % ARTHUR R. GODAR 1721 SE 46 LANE CAPE CORAL, FL 33904
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DO NOT WRITE IN THIS SPACE



01262008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0028687	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GODAR, ARTHUR R.
1225 LA FAUNCE WAY
FORT MYERS, FL 33919

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

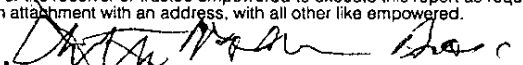
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GODAR, ARTHUR R 1225 LA FAUNCE WAY FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GODAR, PATRICIA 1225 LAFRANCE WAY FORT MYERS, FL 33919
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IN THIS SPACE**

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:  **01-28-08** / **11/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #