

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # K72085

1. Entity Name
MALER AMERICAN CORP.



Principal Place of Business
**423 S. 24TH AVE
HOLLYWOOD, FL 33020 US**

Mailing Address
**10711 S.W. 10 CT.
DAVIE, FL 33324 US**



04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0118502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RUGGLES, JOHN F
10711 S.W. 10TH CT
DAVIE, FL 33324**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RUGGLES, JOHN 423 SOUTH 24TH AVE. HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV RUGGLES, JOHN 423 SOUTH 24TH AVE. HOLLYWOOD, FL
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	

U000000106898
04/08/04-80026-002 150.00

**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: *John F. Ruggles III* President John F. Ruggles III 6 April 04 (954) 382-1789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #