


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90008 025 ***150.00

DOCUMENT # K90974

1. Entity Name
MALIBU HOTEL, INC.



Principal Place of Business
**2936 SW 37 CT.
 MIAMI, FL 33134 US**

Mailing Address
**2380 SW 80TH CRT
 MIAMI, FL 33155**

40027401



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02162007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0130981

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SANCHEZ-MEDINA, GISELA
 2936 SW 37TH CT.
 MIAMI, FL 33134**

7. Name and Address of New Registered Agent
 Name *Gisela Sanchez-Medina*
 Street Address (P.O. Box Number is Not Acceptable)
60 Edgewater Drive 16D
 City *Coral Gables* **FL** Zip Code *33133*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gisela Sanchez Medina* DATE *2/25/07*

Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reconstituting)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 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	<input type="checkbox"/> Delete
PD	SANCHEZ-MEDINA, GISELA	60 EDGEWATER DR, 16D	CORAL GABLES, FL 33133	<input type="checkbox"/>
VICIE PRESIDENT	ROLANDO SANCHEZ-MEDINA	60 Edgewater Drive 16D	Coral Gables FLA 33133	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Gisela Sanchez Medina* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR