

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # **LO 400037797**
1. Entity Name **MAL-PAL HOLDING LLC**
LO4000037797



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -5 AM 8:49

Principal Place of Business
C/O MALATESTA PALADINO INC
139-19 109TH AVE
JAMAICA NY 11435

Mailing Address
C/O MALATESTA PALADINO INC
139-19 109TH AVE
JAMAICA NY 11435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MIAMI CENTER REGISTERED AGENTS, LLC
201 SOUTH BISCAYNE BLVD., STE. 1700
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 registering.)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MALATESTA, CARMINE 139-19 109TH AVE JAMAICA NY 11435	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR PALADINO, MICHAEL 139-19 109TH AVE JAMAICA NY 11435	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
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03/09/05-90007-042-#50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE