


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90016 039 ***150.00

DOCUMENT # L98383 1. Entity Name MALTESE, INC.	
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Principal Place of Business 2121 PONCE DE LEON BLVD 330 CORAL GABLES, FL 33134 US	Mailing Address 2121 PONCE DE LEON BLVD 330 CORAL GABLES, FL 33134 US
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44011312



02062004 No. Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0221755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL
 2121 PONCE DE LEON BLVD
 STE 330
 CORAL GABLES, FL 33134

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 _____

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	PD ORTIZ, MICHAEL 2121 PONCE DE LEON BLVD STE 330 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BENITEZ, LISSETTE 2121 PONCE DE LEON BLVD STE 330 CORAL GABLES, FL 33134
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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)(j), 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:  Michael Ortiz President 2/18/04 305 476 5270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #