


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L98383
 1. Entity Name
MALTESE, INC.



Principal Place of Business Mailing Address
2121 PONCE DE LEON BLVD **2121 PONCE DE LEON BLVD**
330 **330**
CORAL GABLES, FL 33134 US **CORAL GABLES, FL 33134 US**



02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0221755 Not Applicable

5. Certificate of Status Desired **\$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------|
| TITLE | PD |
| NAME | ORTIZ, MICHAEL |
| STREET ADDRESS | 2121 PONCE DE LEON BLVD STE 330 |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | S |
| NAME | BENITEZ, LISSETTE |
| STREET ADDRESS | 2121 PONCE DE LEON BLVD STE 330 |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: Michael Ortiz Michael Ortiz President 3/1/06 305 976 5270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #