


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L98383</b> 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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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0221755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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, 2008 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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1100000799673  
 01/30/08-80076-025 150.00

**DO NOT WRITE IN THIS SPACE**

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 President* 1/21/08 305 470 5270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #