2004 FOR PROFIT CORPORATION

	ANNUAL R	EPORT (AR		FILED
DOCUMENT # M05430			C. La	Jan 28, 2004 08:00 AM Secretary of State
MAFALDA	A, INC.			
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Principal Plac	e of Business	Mailing Address		· · · · · · · · · · · · · · · · · · ·
7900 SW 54 AVE		7900 SW 54 AVE		
MIAMI FL 33	3143	MIAMI FL 33143		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #. etc.		Suite. Apt. #, etc		MOORE CR2E034 (11/03)
City & State		City & State		4. FEI Number. 59-2750555 Applied For Not Applicable
Z _i p	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent	1	7. Name and Address of New Registered Agent
			Name	
MACEDO, JORGE, MD 7900 SW 54 AVE.			Street Addr	ess (P.O. Box Number is Not Acceptable)
MIA	MI FL 33143			
			City	FL Zip Code
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 reinstolling) DATE				
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be				
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHÂNGES TO OFFICERS AND DIRECTORS IN 11
गाध्य	PTSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	MACEDO, JORGE, MD 7900 SW 54TH AVE		NAME STREET ADDRESS	U00000018144 01/28/04-80122-020 150.00
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	01/28/04-80122-020 150.00
BILE		☐ Delete	une	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS CITY ST-ZIP			STREET ADDRESS CITY-SI-ZIP	
TITLE	<u> </u>	☐ Delete	TRILE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		□ 75.1-1.	CHTY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ Delete	TITLE NAME	E orange E rounion
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CSTY-SY-ZIP	
TITLE		Delete	THTLE	Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
City-St-ZiP			CITY-ST-ZIP	
THTLE		☐ Delete	TITLE .	Change Addition
NAME			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET AGDRESS CITY-ST-ZIP	
L	contituithat the information supplied us	th this filling does not qualify for		in Section 119.07(3)(i). Florida Statutes I further certify that the information
12. Thereby 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 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.				
- cuanified	A P. P. I DIS MISHON STRUCK KRIEF CHILL CHUCCAA	, sa sala ma angonata		• •

SIGNATURE: JORGE Macedo MD. Mulle 1-20-04 305-2849324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANO OFFICER OR DIRECTOR Date Date

Date Dayling Phone #