

FILED
Mar 03, 2006 8:00 am
Secretary of State

DOCUMENT # N93000002278

1. Entity Name
MALTA PROJECTS OF SOUTHEASTERN FLORIDA, INC.



Principal Place of Business 13662 DEERING BAY DRIVE CORAL GABLES, FL 33158 ORDER OF MALTA SOUTH FLORIDA, INC. ST. THOMAS UNIVERSITY SCHOOL OF LAW		Mailing Address 16401 N.W. 37th Avenue MIAMI, FL 33054		St. Thomas University School of Law 16401 N.W. 37th Avenue MIAMI, FL 33054	
2. Principal Place of Business 16401 N.W. 37th Ave. Suite, Apt. #, etc. MIAMI, FL 33054 City & State MIAMI, FL 33054 Zip 33054 Country USA		3. Mailing Address 16401 N.W. 37th Ave. Suite, Apt. #, etc. MIAMI, FL 33054 City & State MIAMI, FL 33054 Zip 33054 Country USA		4. FEI Number 65-0416447 Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CARNEY, THOMAS F JR 901 GEORGE BUSH BLVD. DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent Name MARK J. WOLFF, ESQ. Street Address (P.O. Box Number is Not Acceptable) 16401 N.W. 37th Avenue City MIAMI GARDENS FL Zip Code 33054	
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] DATE: 2-23-06 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE T NAME SMITH, HERSEL F JR. STREET ADDRESS 24 DOCKSIDE LN # 452 CITY-ST-ZIP KEY LARGO, FL 33037 ☐ Delete			TITLE TS NAME HERSEL F. SMITH, JR. STREET ADDRESS 24 DOCKSIDE LN # 452 CITY-ST-ZIP KEY LARGO, FL 33037 ☒ Change ☐ Addition		
TITLE S NAME CARNEY, ALICE STREET ADDRESS 1033 WATERWAY LANE CITY-ST-ZIP DELRAY BEACH, FL 33483 ☒ Delete			TITLE D NAME LUCILLE ROBERGE STREET ADDRESS 2150 SOUTH OCEAN DRIVE, SE CITY-ST-ZIP DELRAY BEACH, FL 33483 ☐ Change ☒ Addition		
TITLE D NAME FLOOD, THOMAS J STREET ADDRESS 17 NURMI DR CITY-ST-ZIP FORT LAUDERDALE, FL 33301 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE AS NAME CARNEY, THOMAS F JR. STREET ADDRESS 811 GEORGE BUSH BLVD CITY-ST-ZIP DELRAY BEACH, FL 33483 ☒ Delete			TITLE PD NAME PROFESSOR MARK J. WOLFF STREET ADDRESS 16401 N.W. 37th Avenue CITY-ST-ZIP MIAMI GARDENS, FL 33054 ☐ Change ☒ Addition		
TITLE D NAME FLOOD, SARA STREET ADDRESS 17 NURMI DR CITY-ST-ZIP FORT LAUDERDALE, FL 33301 ☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE P NAME CRIPPEN, FRANK STREET ADDRESS 13662 DEERING BAY DRIVE CITY-ST-ZIP CORAL GABLES, FL 33158 ☒ Delete			TITLE DV NAME FRANK CRIPPEN STREET ADDRESS 13662 DEERING BAY DRIVE CITY-ST-ZIP CORAL GABLES, FL 33158 ☒ Change ☐ Addition		
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 617, 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: [Signature] DATE: 2-23-06 (305) 623-2370 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #					