

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002278

FILED
Apr 30, 2008
Secretary of State

Entity Name: MALTA PROJECTS OF SOUTHEASTERN FLORIDA, INC.

Current Principal Place of Business:

ST THOMAS UNIVERSITY SCHOOL OF LAW
16401 NW 37TH AVE
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

ST THOMAS UNIVERSITY SCHOOL OF LAW
16401 NW 37TH AVE
MIAMI, FL 33054

New Mailing Address:

FEI Number: 65-0416447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFF, MARK J ESQ
16401 NW 37TH AVE
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SMITH, HERSHEL F JR.
Address: 24 DOCKSIDE LN # 452
City-St-Zip: KEY LARGO, FL 33037

Title: DS () Delete
Name: ROBERSE, LUCILLE
Address: 2150 S OCEAN DR 5C
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: FLOOD, THOMAS J
Address: 17 NURMI DR
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: PD () Delete
Name: WOLFF, MAKR J PROF
Address: 16401 NW 37TH AVE
City-St-Zip: MIAMI, FL 33054

Title: D () Delete
Name: FLOOD, SARA
Address: 17 NURMI DR
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D () Delete
Name: CRIPPEN, FRANK
Address: 13662 DEERING BAY DR
City-St-Zip: CORAL GABLES, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: WOLFF, MARK J PROF
Address: 16401 NW 37TH AVE
City-St-Zip: MIAMI, FL 33054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK J. WOLFF

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date