

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006343

FILED
Apr 29, 2005
Secretary of State

Entity Name: MAFA, INC.

Current Principal Place of Business:

3504 DIANE DRIVE
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

3504 DIANE DRIVE
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 65-0958499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHMAN, GARY LLOYD
3504 DIANE DRIVE
BOYNTON BEACH, FL 33435 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: D () Delete
Name: FISHMAN, GARY LLOYD
Address: 3504 DIANE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: FISHMAN, LINDA ROCHETTE
Address: 3504 DIANE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: FISHMAN, SYDNEY
Address: 3504 DIANE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: FISHMAN, GARY LLOYD
Address: 3504 DIANE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MRS (X) Change () Addition
Name: FISHMAN, LINDA ROCHETTE
Address: 3504 DIANE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MR (X) Change () Addition
Name: FISHMAN, SYDNEY
Address: 7020 HALF MOON CIRCLE, #111
City-St-Zip: HYPOLUXO, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GARY L. FISHMAN

MR.

04/29/2005

Electronic Signature of Signing Officer or Director

Date