

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000081064

FILED
Apr 28, 2004
Secretary of State

Entity Name: ALEX MALIK, INC.

Current Principal Place of Business:

10036 CROSS CREEK BLVD.
TAMPA, FL 33647

New Principal Place of Business:

10036 CROSS CREEK BLVD
TAMPA, FL 33647

Current Mailing Address:

10559 SAN TRAVASO DR
TAMPA, FL 33647

New Mailing Address:

10036 CROSS CREEK BLVD
TAMPA, FL 33647

FEI Number: 59-3738485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICKENS, ADELL M
10559 SAN TRAVASO DR
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

PICKENS, PAMELA C
10036 CROSS CREEK BLVD
TAMPA, FL 33647 US

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: PAMELA PICKENS

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PICKENS, ADELL M
Address: 10559 SAN TRAVASO DR
City-St-Zip: TAMPA, FL 33647

Title: VSTD () Delete
Name: PICKENS, PAMELA
Address: 17759 SAN TRAVASO DR
City-St-Zip: TAMPA, FL 33647

Title: VD (X) Delete
Name: PICKENS, ROBERT
Address: 17739 LONG RIDGE RD
City-St-Zip: TAMPA, FL 33647

Title: VD (X) Delete
Name: PICKENS, ALLISON T
Address: 10559 SAN TRAVASO DR
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: PICKENS, PAMELA C
Address: 10036 CROSS CREEK BLVD
City-St-Zip: TAMPA, FL 33647

Title: VP (X) Change () Addition
Name: PICKENS, ROBERT
Address: 10036 CROSS CREEK BLVD
City-St-Zip: TAMPA, FL 33647

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA PICKENS

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

Date