2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 17, 2007 8:00 am Secretary of State DOCUMENT # P01000086000 04-17-2007 90044 002 ***150.00 1. Entity Name MALMOT, INC. Principal Place of Business Mailing Address 1570 JF KENNEDY CAUSEWAY 1570 JF KENNEDY CAUSEWAY NORTH BAY VILLAGE, FL 33141 NORTH BAY VILLAGE, FL 33141 04112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4 FEI Number 65-4141315 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GAMBERG, DANIEL A DO NOT WRITE 2027 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 IN THIS SPACE 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 DATE (NQTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE NAME SAVLOFF, JORGE A STREET ADDRESS 5725 SW 77 TERR. CITY-ST-ZIP SOUTH MIAMI, FL 331435410 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 supplied ental 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 of 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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

FILED

4/16/07 (305) 864-3 977