

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098689

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: MAWULI, INC.

**Current Principal Place of Business:**

158 S SHORE DR  
ROOM #8  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

158 S SHORE DR  
ROOM #8  
MIAMI BEACH, FL 33141

**New Mailing Address:**

P.O. BOX 6593  
MIAMI, FL 33141

FEI Number: 65-1144409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHERY, HARIE  
158 S SHORE DR #8  
MIAMI BEACH, FL 33141 US

**Name and Address of New Registered Agent:**

FRANCIS, KENOL  
158 S SHORE DR  
ROOM #8  
MIAMI BEACH, FL 33141 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: KENOL FRANCIS

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FRANCIS, KENOL H  
Address: 158 S SHORE DR #8  
City-St-Zip: MIAMI BEACH, FL 33141

Title: TS ( ) Delete  
Name: DAVIS, JOHNATHAN  
Address: 158 S SHORE DR #8  
City-St-Zip: MIAMI BEACH, FL 33141

Title: AS ( ) Delete  
Name: SAINTUS, MARIE  
Address: 158 S SHORE DR #8  
City-St-Zip: MIAMI BEACH, FL 33141

**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:

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: KENOL FRANCIS

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date