


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90110 012 \*\*\*150.00

**DOCUMENT # P01000098689**

1. Entity Name  
**MAWULI, INC.**



Principal Place of Business  
**158 S SHORE DR  
 ROOM #8  
 MIAMI BEACH, FL 33141**

Mailing Address  
**P.O. BOX 6593  
 MIAMI, FL 33141**

2. Principal Place of Business  
**545 NW 99 STREET**

3. Mailing Address  
**Same as the Above**

Suite, Apt. #, etc.  
**P.O. Box 6593**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33150**

Country  
**33141**



01152005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  
**FRANCIS, KENOL  
 158 S SHORE DR  
 ROOM #8  
 MIAMI BEACH, FL 33141**

4. FEI Number  
**65-1144409**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name  
~~FRANCIS, KENOL H.~~

Street Address (P.O. Box Number is Not Acceptable)  
~~545 NW 99 STREET~~

City  
~~MIAMI,~~ **FL** Zip Code  
~~33150~~

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: *Kenol Francis*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|---------------------------------|---|--|
| TITLE<br><b>P</b>                           | <input type="checkbox"/> Delete | TITLE<br><b>P</b>                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>FRANCIS, KENOL H</b>             |                                 | NAME<br><b>FRANCIS, KENOL H.</b>                      |  |
| STREET ADDRESS<br><b>158 S SHORE DR #8</b>  |                                 | STREET ADDRESS<br><b>545 NW 99 STREET</b>             |  |
| CITY-ST-ZIP<br><b>MIAMI BEACH, FL 33141</b> |                                 | CITY-ST-ZIP<br><b>MIAMI FL 33150</b>                  |  |
| TITLE<br><b>TS</b>                          | <input type="checkbox"/> Delete | TITLE<br><b>TS</b>                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>DAVIS, JOHNATHAN</b>             |                                 | NAME<br><b>DAVIS, JOHNATHAN</b>                       |  |
| STREET ADDRESS<br><b>158 S SHORE DR #8</b>  |                                 | STREET ADDRESS<br><b>545 NW 99 STREET</b>             |  |
| CITY-ST-ZIP<br><b>MIAMI BEACH, FL 33141</b> |                                 | CITY-ST-ZIP<br><b>MIAMI, FL 33150</b>                 |  |
| TITLE<br><b>AS</b>                          | <input type="checkbox"/> Delete | TITLE<br><b>AS</b>                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>SAINTUS, MARIE</b>               |                                 | NAME<br><b>SAINTUS, MARIE L.</b>                      |  |
| STREET ADDRESS<br><b>158 S SHORE DR #8</b>  |                                 | STREET ADDRESS<br><b>545 NW 99 STREET</b>             |  |
| CITY-ST-ZIP<br><b>MIAMI BEACH, FL 33141</b> |                                 | CITY-ST-ZIP<br><b>MIAMI, FL 33150</b>                 |  |
| TITLE                                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                                 | NAME  |  |
| STREET ADDRESS                              |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                                 |                                 | CITY-ST-ZIP   |  |
| TITLE                                       | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                                 | NAME  |  |
| STREET ADDRESS                              |                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                                 |                                 | CITY-ST-ZIP   |  |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kenol Francis* **KENOL FRANCIS** **03-28-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #