2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90068 031 ***150.00

DOCUMENT # P02000058139

1. Entity Name
MALEOS INVESTMENTS, INC.

50014869

02092005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
C/O OSVALDO N. SOTO, ESQ. 2151 SO. LEJEUNE ROAD, STE. 310 CORAL GABLES, FL 33134	C/O OSVALDO N. SOTO, ESQ. 2151 SO. LEJEUNE ROAD, STE. 310 CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
2655 S. LeJeune Rd.	2655 LeJeune Rd.
Suite, Apt. #, etc.: PH-IIC	Suite, Apt. #, etc.: PH-IIC
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: U.S.A.	Zip: 33134 Country: U.S.A.

4. FEI Number: 56-2297166 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOTO, OSVALDO N 2151 SOUTH LEJEUND ROAD SUITE 310 CORAL GABLES, FL 33134	Name: SOTO OSVALDO N. Street Address (P.O. Box Number is Not Acceptable): 2655 S. LeJeune ROAD. PH-IIC City: Coral Gables FL Zip Code: 33134

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. (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	PTD ☐ Delete	TITLE	PTD. ☒ Change ☐ Addition
NAME	CORREA, CARLOS A.G.	NAME	CORREA CARLOS A.G.
STREET ADDRESS	2151 S. LEJEUNE RD., STE. 310	STREET ADDRESS	2655 LeJeune RD, PH II-C
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	Coral Gables, Fl 33134
TITLE	VSD ☐ Delete	TITLE	VSD ☒ Change ☐ Addition
NAME	CORREA, OSVALDO A	NAME	CORREA OSVALDO A.
STREET ADDRESS	2151 S. LEJEUNE RD., STE. 310	STREET ADDRESS	2655 LeJeune RD, PH-IIC
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	Coral Gables, Fl 33134
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #