

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000066413

1. Entity Name
MAKALY CORPORATION



Principal Place of Business

**13262 SW 8 STREET
MIAMI, FL 33186**

Mailing Address

**13262 SW 8 STREET
MIAMI, FL 33186**

DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number

75-3071429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ABRAMSON, EDWARD J
7270 N.W. 12TH STREET STE 580
MIAMI, FL 33126**

**DO NOT WRITE
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.

(NOTE: Registered Agent signature required when reinstating)

0000009180615

05/13/08-80118-010 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PAREDES, EDELMIRA
STREET ADDRESS 13262 SW 8TH ST
CITY-ST-ZIP MIAMI, FL 33184

TITLE VD
NAME GONZALEZ, IVAN
STREET ADDRESS 13262 SW 8TH ST
CITY-ST-ZIP MIAMI, FL 33184

TITLE TD
NAME MATAS, MARIA YOLANDA
STREET ADDRESS 13262 SW 8TH ST
CITY-ST-ZIP MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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:

Ivan Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-08 (305)225-8555

Date

Daytime Phone #