2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# P02000074015

Entity Name: MALAY ENTERPRISES, INC.

Current Principal Place of Business:

604 S W 64TH AVE
MIAMI, FL 33146

New Principal Place of Business:

Current Mailing Address:

604 S W 64TH AVE
MIAMI, FL 33146

New Mailing Address:

FEI Number: 45-0482357 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONSECA, WILLIAM
604 S W 64TH AVE
MIAMI, FL 33146 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: JEWETT, MARIA C
Address: 604 SW 64 AVENUE
City-St-Zip: MIAMI, FL 33146

Title: VPD ( ) Delete
Name: JEWETT, MARIA C
Address: 604 S W 64TH AVE
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: FONSECA, WILLIAM
Address: 604 SW 64 AVENUE
City-St-Zip: MIAMI, FL 33146

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: FONSECA, WILLIAM
Address: 604 SW 64 AVENUE
City-St-Zip: MIAMI, FL 33146

Title: VPD (X) Change ( ) Addition
Name: FONSECA, MARIA C
Address: 604 S W 64TH AVE
City-St-Zip: MIAMI, FL 33144

Title: D (X) Change ( ) Addition
Name: FONSECA, WILLIAM
Address: 604 SW 64 AVENUE
City-St-Zip: MIAMI, FL 33144

Title: SEC ( ) Change (X) Addition
Name: FONSECA, WILLIAM
Address: 604 SW 64 AVE
City-St-Zip: MIAMI, FL 33144

Title: TREA ( ) Change (X) Addition
Name: FONSECA, MARIA C
Address: 604 SW 64 AVE
City-St-Zip: MIAMI, FL 33144

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: WILLIAM FONSECA PSD 01/25/2005

Electronic Signature of Signing Officer or Director — Date