


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 8:00 am
Secretary of State

02-08-2007 90129 001 ***150.00
02-08-2007 90129 002 *****8.75

DOCUMENT # P02000078033	
1. Entity Name MALO WESTE, INC.	

Principal Place of Business 7153 VIA FIRENZE BOCA RATON FL 33433	Mailing Address 7153 VIA FIRENZE BOCA RATON FL 33433
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WESTE, JOHN 7153 VIA FIRENZE BOCA RATON FL 33433	7. Name and Address of New Registered Agent Name: FRANCISCA D. Flores Weste Street Address (P.O. Box Number is Not Acceptable): 4060 NW 2nd CT City: Delray Beach FL Zip Code: 33445
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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 <i>Francisca Flores (president)</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE 01-31-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P WESTE, FRANCISCA 7153 VIA FIRENZE BOCA RATON FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P Francisca D. Flores Weste 4060 NW 2nd CT Delray Beach, FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Francisca Flores</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 01-31-07 Daytime Phone # 561-498-2312

ATTACHMENT

66006625
#P02660078033IN THE CIRCUIT COURT FOR PALM
BEACH COUNTY FLORIDA

PROBATE DIVISION

IN RE: ESTATE OF
JOHN W. WESTE,
Deceased.

CASE NO.

50 2006 CP 003025 XXXXSB

LETTERS OF ADMINISTRATION

TO ALL WHOM IT MAY CONCERN

WHEREAS, JOHN W. WESTE, a resident of Boca Raton, Florida, died on March 19, 2006, owning assets in the State of Florida, and

WHEREAS, FRANCISCA WESTE has been appointed Personal Representative of the Estate of the Decedent and has performed all acts prerequisite to issuance of Letters of Administration in the Estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare FRANCISCA WESTE to be duly qualified under the laws of the State of Florida to act as Personal Representative of the Estate of JOHN W. WESTE, Deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the Decedent; to pay the debts of the Decedent as far as the assets of the Estate will permit and the law directs; and to make distribution of the Estate according to law.

WITNESS my hand and the seal of this court this 13 day of July, 2006.

G. L. Vane
Circuit Judge



STATE OF FLORIDA • PALM BEACH COUNTY

I hereby certify that the foregoing is a true
copy as recorded in my office and the
same is in full force and effect.

THIS DAY OF JUL 14 2006

SHARON R. BOCK
CLERK & COMPTROLLER

By

Sharon R. Bock
Clerk & Comptroller