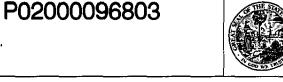
04-24-2003 90227 025 ***150.00

FILED Apr 24, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

1. Entity Name MALDEN CAPITAL CORP.



Principal Place of Business 356 GOLFVIEW RD #702 N PALM BEACH FL 33408

Mailing Address 356 GOLFVIEW RD #702 N PALM BEACH FL 33408

2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City 2 On the	01.00				



☐ CHECK HERE IF MAKING CHANGES

City & State		City & State		
Zip	Country	Zip	Country	_

FEI Number Certificate of Status Desired

7. Name and Address of New Registered Agent

Not Applicable \$8.75 Additional Fee Required

Applied For

6. Name and Address of Current Registered Agent

KAPLAN, MALDEN 356 GOLFVIEW RD #702 N PALM BEACH FL 33408

Name	خصص د∸			-	 	
Street Address (P.O. Box Numb	er is Not	Acc	entable)			

Zip Code

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.

City

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, 2003 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check	Payable to Florida Department of State							
10.	OFFICERS AND DIRECTOR	is	11.	AD	DITIONS/CHA	NGES TO OFFIC	ERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kaplan, gloria M 356 Golfview RD #702 N Palm Beach Fl 33408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	XA 356	PLAN GOLF PALM	JEW RD DEACH	□ Change #70 × FL 3340	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~~ <u>~~</u>	÷ +. *.*:		Change	Addition
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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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chipter 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:

SIGNATURA

Daytime Phone #

CR2E034 (10/02)