
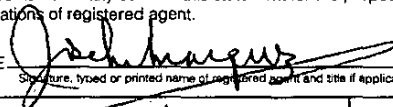
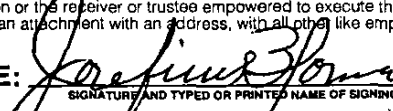


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90058 030 ***150.00

DOCUMENT # P03000007792 1. Entity Name MALEIWA SERVICE CORP.																													
Principal Place of Business 782 NW LEJEUNE RD STE 548 MIAMI, FL 33126			Mailing Address 782 NW LEJEUNE RD STE 548 MIAMI, FL 33126																										
2. Principal Place of Business 1790 NW 54 Street Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Miami FLORIDA		City & State 		4. FEI Number 51-0442124																									
Zip 33142		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MARQUEZ & MARCELO-ROBAINA, P.A. 782 NW LEJEUNE RD STE 548 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name MARQUEZ & MARCELO-ROBAINA, P.A. Street Address (P.O. Box Number is Not Acceptable) 6303 Blue Lagoon Drive - Suite 390 City MIAMI FL Zip Code 33126-6005																										
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  DATE 01/10/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">DPST</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BLANCO MORENO, JOSEFINA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>782 NW LEJEUNE RD STE 548</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33126</td> <td></td> </tr> </table>			TITLE	DPST	<input type="checkbox"/> Delete	NAME	BLANCO MORENO, JOSEFINA		STREET ADDRESS	782 NW LEJEUNE RD STE 548		CITY-ST-ZIP	MIAMI, FL 33126		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">DPST</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>BLANCO MORENO, Josefin</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6303 Blue Lagoon Dr. # 390</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, FL 33126-6005</td> <td></td> </tr> </table>			TITLE	DPST	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	BLANCO MORENO, Josefin		STREET ADDRESS	6303 Blue Lagoon Dr. # 390		CITY-ST-ZIP	Miami, FL 33126-6005	
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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 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:  President				01/10/05 (305) 262-2206 <small>Date Daytime Phone #</small>																									