

FILED
May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000030196		Secretary of State 						
1. Entity Name MALE EGO CORPORATION								
Principal Place of Business 20505 SOUTH DIXIE HWY., STE. 1735 MIAMI, FL 33189	Mailing Address 20505 SOUTH DIXIE HWY., STE. 1735 MIAMI, FL 33189							
DO NOT WRITE IN THIS SPACE		 05032007 No Chg-P CR2E034 (11/05)						
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> 4. FEI Number 90-0101641 </td> <td style="width: 20%;"> Applied For Not Applicable </td> </tr> <tr> <td colspan="2"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </td> </tr> </table>	4. FEI Number 90-0101641	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required								
6. Name and Address of Current Registered Agent LOPEZ, IIEANA 20505 SOUTH DIXIE HWY., STE. 1735 MIAMI, FL 33189		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.								
<table style="width: 100%;"> <tr> <td style="width: 40%;">SIGNATURE _____</td> <td style="width: 40%; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="width: 20%; text-align: right;">DATE _____</td> </tr> <tr> <td style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable</td> <td></td> <td></td> </tr> </table>			SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____	Signature, typed or printed name of registered agent and title if applicable		
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.						
10. OFFICERS AND DIRECTORS								
TITLE	PSD							
NAME	LOPEZ, IIEANA							
STREET ADDRESS	20505 SOUTH DIXIE HWY., STE. 1735							
CITY-ST-ZIP	MIAMI, FL 33189							
TITLE								
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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: +								
SIGNATURE AND TYPED OR PRINTED NAME OF CHAIRMAN, OFFICER OR DIRECTOR								