


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000081506	
1. Entity Name MALO DANCE PRODUCTIONS INC.	

Principal Place of Business 3501 NW 115TH AVE MIAMI, FL 33178 US	Mailing Address 3501 NW 115TH AVE MIAMI, FL 33178 US
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 30-0197221	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 CASTRO, MANUEL E 19245 SW 41 STREET MIRAMAR, FL 33029

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE P	CASTRO, MANUEL E 19245 SW 41 STREET MIRAMAR, FL 33029
TITLE SECR	CASTRO, LORY L 19245 SW 41 STREET MIRAMAR, FL 33029
TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS
TITLE NAME	STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Manuel E. Castro</i> <i>Lory L. Castro</i> <i>1/19/05</i> <i>954-437-9708</i>	_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	_____ <small>Date</small>	_____ <small>Daytime Phone #</small>
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