


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000085169**

1. Entity Name  
 MALAWI TRADING, INC.



Principal Place of Business      Mailing Address

7700 NORTH KENDALL DRIVE      7700 NORTH KENDALL DRIVE  
 SUITE 809      SUITE 809  
 MIAMI, FL 33156 US      MIAMI, FL 33156 US



**DO NOT WRITE IN THIS SPACE**

04272005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 43-2031919      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, GERMAN A  
 7700 NORTH KENDALL DRIVE  
 SUITE 809  
 MIAMI, FL 33156

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	SENSI DELLA PENNA, SALVATORE F
STREET ADDRESS	7700 NORTH KENDALL DRIVE, SUITE 809
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	DVPS
NAME	ORIANI, VINCENZO E
STREET ADDRESS	7700 NORTH KENDALL DRIVE, SUITE 809
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000341471  
 04/29/05-80016-010 150.00

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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)(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:**      GERMAN A. SALAZAR      *[Signature]*      4/27/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #