


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/1/

FILED
Apr 08, 2005 8:00 am
Secretary of State

03-01-2005 90073 030 ***150.00

DOCUMENT # P04000086678 1. Entity Name MALIZIO GROUP INC																							
Principal Place of Business 5645 PACIFIC BLVD APT 2812 BOCA RATON FL 33433			Mailing Address 5645 PACIFIC BLVD APT 2812 BOCA RATON FL 33433																				
2. Principal Place of Business <i>Same</i>			3. Mailing Address <i>Same</i>																				
Suite, Apt. #, etc. <i>Same</i>			Suite, Apt. #, etc. <i>Same</i>																				
City & State <i>Same</i>			City & State <i>Same</i>																				
Zip <i>33433</i>		Country <i>USA</i>		4. FEI Number 20-1206777																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable																			
6. Name and Address of Current Registered Agent MILLER, JOHN P 2499 GLADES ROAD SUITE 305A BOCA RATON FL 33431				7. Name and Address of New Registered Agent Name Margaret A. Malizio Street Address (P.O. Box Number is Not Acceptable) 5645 Pacific Blvd #2812 City Boca Raton FL 33433																			
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. <i>Raymond Malizio</i> SIGNATURE <i>Margaret A. Malizio</i> (NOTE: Registered Agent signature required when reinstating) DATE 2/18/05																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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%;">NAME</td> <td style="width: 20%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MALIZIO, RAYMOND C</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>5645 PACIFIC BLVD APT 2812 BOCA RATON FL 33433</td> <td></td> </tr> </table>				TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	MALIZIO, RAYMOND C		CITY-ST-ZIP	5645 PACIFIC BLVD APT 2812 BOCA RATON FL 33433		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%;">NAME</td> <td style="width: 20%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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: <i>Margaret A. Malizio</i> <i>Margaret Malizio</i> 2-18-05 5645 305-9465 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																							

X Raymond Malizio