

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103616

FILED
Feb 07, 2005
Secretary of State

Entity Name: MALDONADO PROPERTIES, INC.

Current Principal Place of Business:

705 W S.R. 434 STE D
LONGWOOD, FL 32750

New Principal Place of Business:

1094 WEST STATE ROAD 436
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

705 W S.R. 434 STE D
LONGWOOD, FL 32750

New Mailing Address:

199 AFTON SQUARE
212
ALTAMONTE SPRING, FL 32714 US

FEI Number: 26-0091192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MALDONADO, SALOMON
705 W S.R. 434 STE D
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

MALDONADO, SALOMON
199 AFTON SQUARE
212
ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE:

02/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: MALDONADO, SALOMON
Address: 705 W S.R. 434 STE D
City-St-Zip: LONGWOOD, FL 32750

Title: VT () Delete
Name: MALDONADO, DINORA
Address: 705 W S.R. 434 STE D
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: MALDONADO, SALOMON
Address: 199 AFTON SQUARE # 212
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VT (X) Change () Addition
Name: MALDONADO, DINORA
Address: 199 AFTON SQUARE # 212
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALOMON MALDONADO

PS

02/07/2005

Electronic Signature of Signing Officer or Director

Date