



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90035 037 ***150.00

DOCUMENT # P04000110104 1. Entity Name MALL COMPETITOR INC.					
Principal Place of Business 3425 COLLINS AVE. SUITE # 1001 MIAMI BEACH, FL 33140 US			Mailing Address 3425 COLLINS AVE. SUITE # 1001 MIAMI BEACH, FL 33140 US		
2. Principal Place of Business 3425 Collins Ave. Suite, Apt. #, etc. # 741 City & State Miami Beach, FL. Zip 33140 Country USA		3. Mailing Address 3425 Collins Ave. Suite, Apt. #, etc. # 741 City & State Miami Beach, FL. Zip 33140 Country USA			
05052005 Chg-P CR2E034 (10/03)				4. FEI Number 26-0092299	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ARBID, HOUSSAM 1351 NE MIAMI GARDENS DR. #715E MIAMI, FL 33179			7. Name and Address of New Registered Agent Name Houssam Arbid Street Address (P.O. Box Number is Not Acceptable) 3425 Collins Ave. #741 City Miami Beach FL Zip Code 33140		
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 Houssam Arbid 8-30-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME ARBID, HOUSSAM STREET ADDRESS 1351 NE MIAMI GARDENS DR. #715E CITY-ST-ZIP MIAMI, FL 33179	<input type="checkbox"/> Delete		TITLE P NAME Houssam Arbid STREET ADDRESS 3425 Collins Ave. #741 CITY-ST-ZIP Miami Beach, FL. 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME FREITAS, ALESSANDRA STREET ADDRESS 3425 COLLINS AVENUE #1001 CITY-ST-ZIP MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Houssam Arbid <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8-30-05 786-200-3816 <small>Date Daytime Phone #</small>		