2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P04000153273 07-13-2005 90014 031 ***150.00 1. Entity Name MALAGA ARTS CONNECTION, INC. Principal Place of Business Mailing Address **NUUUUNNU** 6161 N MEMORIAL HWY #1615 6161 N MEMORIAL HWY #1615 TAMPA, FL 33615 TAMPA, FL 33615 3. Mailing Address 3906 W 2. Principal Place of Busines 3906 Suite, Apt. #, etc. 07062005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For TAMPA Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3*609* 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RISTIN KERR, CRISTINA Street Address (P.O. Box Number is Not Acceptable) 6161 N MEMORIAL HWY #1615 TAMPA, FL 33615 8. The above named entity submits this statement for the purpose of changing its registered office or registered ad ent, or both, in the State of Florida. I am familiar the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. П Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS & DIREIDR DΡ TITLE Delete KERR CRISTINA NAME NAME KERE STREET ADDRESS 6161 N MEMORIAL HWY #1615 STREET ADDRESS W. DALE 3904 TAMPA, FL 33615 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition BULE TIT1 F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiF ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 eath; 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

FILED Jul 13, 2005 8:00 am

ATTACHMENT 20063220

MALAGA ARTS CONNECTION, INC. 6161 N Memorial Hwy #1615
Tampa, Fl. 33609

Certified Letter with Return Receipt

July 6, 2005

Florida Department of State Division Of Corporation

P.O. Box 6198

Tallahassee, Fl. 32314

Re:

Gentlemen:

As per telephone conversation today with your staff, enclosed please find our check in the amount of \$150.00 to cover for our subject Annual Reports.

Please be advised that as of the date of this letter we never received your previous renewals reports.

Your prompt processing of our corporation will be greatly appreciated.

Truly yours,

MALAGA ARTS CONNECTION, INC.

Cristina Kerr President