

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90410 010 ***150.00

DOCUMENT # P04000173289 1. Entity Name MALIBU BAY LIMITED CORP.			
Principal Place of Business 19955 NE 38TH COURT SUITE 1801 AVENTURA, FL 33181		Mailing Address 19955 NE 38TH COURT SUITE 1801 AVENTURA, FL 33181	
2. Principal Place of Business 19955 NE 38th Court Suite, Apt. #, etc. Suite 1801 City & State Aventura, FL Zip 33181		3. Mailing Address 19955 NE 38th Court Suite, Apt. #, etc. Suite 1801 City & State Aventura, FL Zip 33181	
4. FEI Number 03022005		Chg-P CR2E034 (10/03) <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent ANDREW D. ROBINSON P.A. 13899 BISCAYNE BOULEVARD SUITE 153 NORTH MIAMI BEACH, FL 33181	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MICKLEWHITE, EZRA H 19955 NE 38TH CT., SUITE 1801 AVENTURA, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date _____		Daytime Phone # _____	