

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90061 010 ***150.00

DOCUMENT # P05000108288

1. Entity Name

THE MAKEN GROUP, INC.



Principal Place of Business

6299 WEST SUNRISE BLVD.
215
SUNRISE FL 33313

Mailing Address

16168 SW 15TH STREET
PEMBROKE PINES FL 33027



2. Principal Place of Business - No P.O. Box #

2247 Palm Beach Lakes Blvd
Suite, Apt. #, etc.
203

3. Mailing Address

2247 Palm Beach Lakes Blvd
Suite, Apt. #, etc.
203

1st MOORE

CR2E034 (10/06)

City & State

West Palm Beach, FL
Zip 33409 Country Palm Beach

City & State

West Palm Beach, FL
Zip 33409 Country Palm Beach

4. FEI Number

20-3253464

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKELTON, RAYMOND J
3349 NORTH UNIVERSITY DRIVE DRIVE
6
HOLLYWOOD FL 33029

7. Name and Address of New Registered Agent

Name MAYUR MAKEN
Street Address (P.O. Box Number is Not Acceptable)
2247 Palm Beach Lakes Blvd #203
City West Palm Beach FL Zip Code 33409

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

M. Maken. MAYUR MAKEN

2/5/07

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

(DATE)

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MAKEN, MAYUR	
STREET ADDRESS	16168 SW 15TH STREET	
CITY- ST- ZIP	PEMBROKE PINES FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

M. Maken. MAYUR MAKEN 2/5/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #