


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90026 015 \*\*\*150.00

<b>DOCUMENT # P05000164247</b>	
1. Entity Name <b>MAYMON ENTERPRISES, INC.</b>	

Principal Place of Business <b>4016 NW 90TH AVE FORT LAUDERDALE, FL 33351 US</b>	Mailing Address <b>4016 NW 90TH AVE 326 FORT LAUDERDALE, FL 33351 US</b>
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2. Principal Place of Business - No P.O. Box # <b>8941 NW 78TH ST.</b>	3. Mailing Address <b>8941 NW 78TH ST.</b>
Suite, Apt. #, etc. <b>248</b>	Suite, Apt. #, etc. <b>248</b>
City & State <b>TAMARAC FL</b>	City & State <b>TAMARAC FL</b>
Zip <b>33321</b>	Country <b>US</b>

40050414



03122007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>MALKA, MAYMON 4066 NW 90TH AVE 5 633351 Y 326 PLANTATION, FL 33325</b>		7. Name and Address of New Registered Agent Name <b>MALKA, MAYMON</b> Street Address (P.O. Box Number is Not Acceptable) <b>8941 NW 78TH ST #248</b> City <b>TAMARAC</b> FL Zip Code <b>33321</b>	
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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 *[Signature]* DATE **3/12/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MALKA, MAYMON 4016 NW 90TH AVE FORT LAUDERDALE, FL 33351</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MALKA, MAYMON 8941 NW 78TH ST #248 TAMARAC, FL 33321</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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
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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 exemptions contained in Chapter 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: *[Signature]* DATE **3/12/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR