

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000164247

1. Entity Name
MAYMON ENTERPRISES, INC.



FILED

07 SEP 26 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8941 NW 78TH ST
SUITE 248
TAMARAC, FL 33321 US

Mailing Address

8941 NW 78TH ST
SUITE 248
TAMARAC, FL 33321 US



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

3090 PALM TRAIL LANDING DR. 3090 PALM TRAIL LANDING DR.

3. Mailing Address

Suite, Apt. #, etc.

AVOG #18 UNIT #409

AVOG #18 UNIT #409

09242007 Chg-P CR2E034 (12/06)

City & State

DAVIE FLORIDA

City & State

DAVIE FL

4. FEI Number
20-3950677

Applied For
Not Applicable

Zip
33314

Country
U.S.

Zip
33314

Country
U.S.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALKA, MAYMON
8941 NW 78TH ST #248
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

Name MAYMON MALKA

Street Address (P.O. Box Number is Not Acceptable)
3090 PALM TRAIL LANDING DR

AVOG #18 UNIT #409

City DAVIE

FL

Zip Code 33314

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]

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

(NOTE: Registered Agent signature required when reinstating)

9/24/07

DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MALKA, MAYMON ☐ Delete
STREET ADDRESS 8941 NW 78TH ST #248
CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3090 PALM TRAIL LANDING DR #409
CITY-ST-ZIP DAVIE FLORIDA 33314

TITLE ☐ Change ☒ Addition
NAME V. PRAS
STREET ADDRESS RACHEL ANNE MALKA
CITY-ST-ZIP 1130 N. WAS POSTS COURT RIDGE CREST CA. 93555

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAYMON MALKA

Date

9/24/07

Daytime Phone #

754-245-7314