

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000081058

1. Entity Name  
THE MALKIN GROUP, INC.



FILED

07 AUG 20 AM 8:30

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business  
701 SPANISH MAIN #616  
SUMMERLAND KEY, FL 33042

Mailing Address  
701 SPANISH MAIN #616  
SUMMERLAND KEY, FL 33042



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08152007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
51-0587484

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALKIN, BRUCE A  
701 SPANISH MAIN #616  
SUMMERLAND KEY, FL 33042

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

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

(NOTE: Registered Agent signature required when reinstating)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
MALKIN, BRUCE A  
701 SPANISH MAIN #616  
SUMMERLAND KEY, FL 33042

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DST  
RAUGHELLI, ALICE  
701 SPANISH MAIN #616  
SUMMERLAND KEY, FL 33042

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP-D  
JAVIER EDUARDO VALERIO  
8202 MIAMI CT. LOT 701  
MIAMI FL 33150

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000108836270  
08/30/07--01039--005 \*\*\$1.25

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ 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: B. A. Malkin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/07  
Date

Daytime Phone #