

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000081058	
1. Entity Name THE MALKIN GROUP, INC.	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

37 NOV 26 PM 1:22

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 # 803 Indies DR	3. Mailing Address PO Box 420963
Suite, Apt. #, etc.	Suite, Apt. #, etc.

11072007 Chg-P CR2E034 (12/06)

City & State Rancho Key	City & State Summerland Key FL 33042
Zip 33042	Zip 33042
Country MONROE	Country MONROE

4. FEI Number 51-0587484	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

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

6. Name and Address of Current Registered Agent MALKIN, BRUCE A 701 SPANISH MAIN #616 SUMMERLAND KEY, FL 33042

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RAUGHETTI, ALICE 701 SPANISH MAIN #616 SUMMERLAND KEY, FL 33042 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JAVIER, EDUARDO V 8202 MIAMI COURT LOT K 701 MIAMI, FL 33150 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MALKIN, BRUCE A PO Box 420963 Summerland Key FL 33042 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUSH, ALICE PO Box 420963 Summerland Key FL 33042 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TYSON, JUSTIN 27315 Barbuda Lane Rancho Key, FL 33042 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900112804779 12/04/07--01012--004 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/29/07 <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: B. A. Malkin 11/21/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #