2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000081058

Title:

Name:

Address:

City-St-Zip:

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(X) Delete

SUMMERLAND KEY, FL 33042

VILLONE, MICHAEL

290 46TH ST

Entity Name: THE MALKIN GROUP, INC.

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: RAMROD KEY, FL 33042 **Current Mailing Address: New Mailing Address:** P.O. BOX 420963 SUMMERLAND KEY, FL 33042 FEI Number: 51-0587484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MALKIN, BRUCE A 803 INDIES RD RAMROD KEY, FL 33042 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MALKIN, BRUCE A Name: Name: P.O. BOX 420963 Address: Address: City-St-Zip: SUMMERLAND KEY, FL 33042 City-St-Zip: Title: Title: DS () Delete (X) Change () Addition BUSH, ALICE Name: BUSH ALICE Name: P.O. BOX 42-0963 P.O. BOX 42-0963 Address: Address: SUMMERLAND KEY, FL 33042 SUMMERLAND KEY, FL 33042 City-St-Zip: City-St-Zip: Title: (X) Change () Addition () Delete Title: VΡ TYSON, JUSTIN ROQUE, RODOLFO C Name: Name: 2713 BARBUDA LANE 34 NERGANSER LANE - K W GOLF COURSE Address: Address: City-St-Zip: RAMROD KEY, FL 33042 City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRUCE MALKIN PRES 02/05/2009

() Change () Addition