


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90014 018 ***150.00

DOCUMENT # P06000097609 1. Entity Name MAALA SERVICES, INC.			
Principal Place of Business 4611 NE 15TH TERRACE POMPANO BEACH, FL 33064		Mailing Address 4611 NE 15TH TERRACE POMPANO BEACH, FL 33064	
2. Principal Place of Business - No P.O. Box # 352 NW 43rd STREET		3. Mailing Address 352 NW 43rd STREET	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL	
Zip 33064		Zip 33064	
Country USA		Country USA	
4. FEI Number 20-5293738		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABDALA, VLADIMIR 4611 NE 15TH TERRACE POMPANO BEACH, FL 33064		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 <input checked="" type="checkbox"/> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ABDALA, VLADIMIR 4611 NE 15TH TERRACE POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ABDALA, VLADIMIR 352 NW 43rd STREET POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Vladimir Abdala</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		02/20/2007 (954) 288-5962 <small>Date Daytime Phone #</small>	