
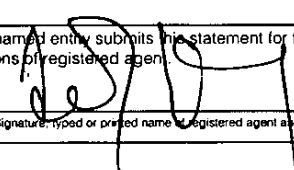
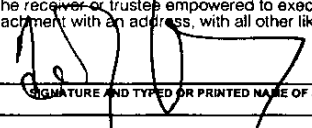


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90057 026 ***150.00

DOCUMENT # P06000106940 1. Entity Name MALAK AUTO SALES INC																													
Principal Place of Business 7539 TERRANCE RIVER DR TAMPA, FL 33610			Mailing Address 7539 TERRANCE RIVER DR TAMPA, FL 33612																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
<div style="display: flex; justify-content: space-between;"> 01172007 Chg-P CR2E034 (12/06) </div>																													
4. FEI Number ✓ 9-3691605					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 ELMOH, ABDELKEBIR 4713 E HILLSBOROUGH TAMPA, FL 33610			7. Name and Address of New Registered Agent Name ABDELKEBIR ELMOH Street Address (P.O. Box Number is Not Acceptable) 7539 TERRACE RIVER RD City TAMPA FL Zip Code 33637																										
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  DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
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																											
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">VP</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOLMES, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2602 S MILLER RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VALRICO, FL 33594</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">DIRECTOR - PRESIDENT</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ABDELKEBIR ELMOH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7539 TERRACE RIVER RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL 33637</td> <td></td> </tr> </table> </div> </div>						TITLE	VP	<input checked="" type="checkbox"/> Delete	NAME	HOLMES, MICHAEL		STREET ADDRESS	2602 S MILLER RD		CITY-ST-ZIP	VALRICO, FL 33594		TITLE	DIRECTOR - PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	ABDELKEBIR ELMOH		STREET ADDRESS	7539 TERRACE RIVER RD		CITY-ST-ZIP	TAMPA FL 33637	
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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:  ABDELKEBIR ELMOH Date 813-300-4121 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													