
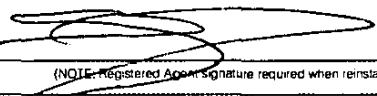


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90026 023 \*\*\*150.00

<b>DOCUMENT # P06000108892</b>					
1. Entity Name <b>MABUHAY INCORPORATED</b>					
Principal Place of Business <b>1400 BARRANCAS AVE PENSACOLA, FL 32501</b>			Mailing Address <b>1400 BARRANCAS AVE PENSACOLA, FL 32501</b>		
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	4. FEI Number <b>20-5407800</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent <b>RUIZ, JUSTO T 6150 W FAIRFIELD DR PENSACOLA, FL 32506</b>				7. Name and Address of New Registered Agent Name <b>Bass &amp; Sandfort Accountants, PA 1301 W. Garden Street Pensacola FL 32501-4504</b> City <b>FL</b> Zip Code <b>32501</b>	
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 fee if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE <b>2/19/08</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P THOMASON, ALDA V 1400 BARRANCAS AVE PENSACOLA, FL 32501 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/10/08**

02/19/08

MABUHAY

ATTACHMENT

40044154  
# P06000108892

6711

☐ Final K-1☐ Amended K-1

OMB No. 1545-0130

Schedule K-1  
(Form 1120S)Department of the Treasury  
Internal Revenue Service

2007

Tax year beginning Jan 1, 2007  
and ending Dec 31, 2007Shareholder's Share of Income, Deductions,  
Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Corporation	
A	Corporation's employer identification number: <u>20-5407800</u>
B	Corporation's name, address, city, state, and ZIP code <u>MABUHAY INCORPORATED</u> <u>1400 BARRANCAS AVE</u> <u>PENSACOLA FL 32501-4515</u>
C	IRS Center where corporation filed return: <u>UT</u>
D	<input type="checkbox"/> Tax shelter registration number, if any _____
E	<input type="checkbox"/> Check if Form 8271 is attached
Part II Information About the Shareholder	
F	Shareholder's identifying number: <u>069-61-7169</u>
G	Shareholder's name, address, city, state and ZIP code <u>ALDA V THOMASON</u> <u>1400 BARRANCAS AVE</u> <u>PENSACOLA FL 32501</u>
H	Shareholder's percentage of stock ownership for tax year <u>100.0000</u> %
FOR IRS USE ONLY	

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items	
1	Ordinary business income (loss) <u>-21,673</u>
2	Net rental real estate income (loss)
3	Other net rental income (loss)
4	Interest income
5a	Ordinary dividends
5b	Qualified dividends
6	Royalties
7	Net short-term capital gain (loss)
8a	Net long-term capital gain (loss)
8b	Collectibles (28%) gain (loss)
8c	Unrecaptured section 1250 gain
9	Net section 1231 gain (loss)
10	Other income (loss)
11	Section 179 deduction
12	Other deductions
13	Credits & credit recapture
14	Foreign transactions
15	Alternative minimum tax (AMT) items
16	Items affecting shareholder basis
17	Other information
* See attached statement for additional information.	