## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 07, 2008 8:00 am Secretary of State **DOCUMENT # P07000069909** 04-07-2008 90054 022 \*\*\*150.00 1. Entity Name MALLORCA DESIGNS INC Principal Place of Business Mailing Address 7061 S TAMIAMI TRAIL 7061 S TAMIAMI TRAIL SUITE C SUITE C SARASOTA, FL 34231 SARASOTA, FL 34231 US Principal Place of Business - No P.O. Box # 46 N. WASHING TON BLV) 3. Mailing Address Suite, Apt. #, etc. 03132008 CR2E034 (12/06) 4. FEI Number 26-0368457 City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ESFMGLOBAL CORP GARDI, LES CPA Street Address (P.O. Box Number is Not Acceptance) 7061 TAMIAMI TRAIL SUITE A SVITE 25 B SARASOTA, FL 34231 ARASOTX 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 agen Signature, typed or printed name of register (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES PRES ☐ Addition TITLE Change TITLE ☐ Defete PINOGAMIZ, MANUEL DEL PINO GAMIZ, MANUEL DEL NAME NAME 46N. WASHINGTON BLUD SUITE 25B SARASOTA, FL 34236 STREET ADDRESS STREET ADDRESS 7061 S TAMIAMI TRAIL SARASOTA, FL 34231 CITY-ST-ZIP CITY-ST-ZIP MGR ☐ Change TITLE Delete TITLE Addition ESFM GLOBAL CORP MERINO, FRANCISCO NAME NAME 46 N. WASHINGTON BLVD. SUITE 25B SARASOTA, FL 34236 STREET ADDRESS STREET ADDRESS 7061 S TAMIAMI TRAIL CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34231 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 21P ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CATY - ST - ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

SIGNATURE:

FILED