

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000010340

Entity Name: MALAVE ASSET MANAGEMENT, INC.

FILED
Sep 11, 2009
Secretary of State

Current Principal Place of Business:

1 S. SCHOOL AVE,
SUITE 501
SARASOTA, FL 34237 US

Current Mailing Address:

7895 KAVANAGH CT
SARASOTA, FL 34240 US

New Principal Place of Business:

1605 MAIN ST.
SUITE 1110
SARASOTA, FL 34236 US

New Mailing Address:

1605 MAIN ST.
SUITE 1110
SARASOTA, FL 34236 US

FEI Number: 26-1851226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALAVE, JOE
7895 KAVANAGH CT
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

MALAVE, JOE
1605 MAIN ST.
SUITE 1110
SARASOTA, FL 34236 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:

09/11/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: MALAVE, JOE
Address: 7895 KAVANAGH CT
City-St-Zip: SARASOTA, FL 34240 US

Title: D () Delete
Name: MALAVE, JOE
Address: 7895 KAVANAGH CT
City-St-Zip: SARASOTA, FL 34240 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: MALAVE, JOE
Address: 1605 MAIN ST., SUITE 1110
City-St-Zip: SARASOTA, FL 34236 US

Title: D (X) Change () Addition
Name: MALAVE, JOE
Address: 1605 MAIN ST., SUITE 1110
City-St-Zip: SARASOTA, FL 34236 US

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.

SIGNATURE: JOE MALAVE

PRES

09/11/2009

Electronic Signature of Signing Officer or Director

Date