2007 FOR PROFIT CORPORATION - AMNUAL REPORT (AR)

FILED Apr 23, 2007 08:00 AM Secretary of State DOCUMENT # P93000014168 1. Entity Name MAHALO, INC. Principal Place of Business Mailing Address 5365 WEST RANGER STREET BEVERLY HILLS FL 34465-5610 5365 WEST RANGER STREET BEVERLY HILLS FL 34465-5610 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Numbor Applied For 59-3167211 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MASAOY, JANET 5365 WEST RANGER STREET Street Address (P.O. Box Number is Not Acceptable) BEVERLY HILLS FL 34465-5610 Zıp Code City 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 Fronda. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and little if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE Delete THILE Change Addition MASAOY, JOSE NAME 000000723309 P.O. BOX 162 N/A STREET ADDRESS STREET ADDRESS 05/02/07-80064-017 150.00 CRYSTAL RIVER FL 34423-0162 CITY-ST-ZIP CITY-ST-ZIP IIIE Delete TITLE ☐ Change Addition MASAOY, JANET NAME NAME P.O. BOX 162 N/A STREET ADDRESS STREET ADDRESS CRYSTAL RIVER FL 34423-0162 CITY - ST-ZIP CITY - ST-ZIP Delete THE □ Change ☐ Addition MASAOY JANET NAME NAME P.O. BOX 162 N/A STREET ADDRESS STREET ADDRESS CITY-ST-7IP CRYSTAL RIVER FL 34423-0162 CITY-ST-7IP TILLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIIE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-7IP CITY-S1-7IP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-7IP I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.