2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State
05-16-2008 90024 045 ***150.00

DOCUMENT # P04000035909

1. Entity Name
MAF MANAGEMENT & LEASING, INC.

Principal Place of Business
445 ALMERIA AVE.
CORAL GABLES, FL 33134

Mailing Address
445 ALMERIA AVE.
CORAL GABLES, FL 33134

04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0467050
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUEYO, MANUEL
445 ALMERIA AVE
CORAL GABLES, FL 33134

445 ALMERIA AVE
CORAL GABLES, FL 33134

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7. 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

FEI NUMBER IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME FUEYO, MANUEL
STREET ADDRESS 445 ALMERIA AVE. 445 ALMERIA AVE
CITY-ST-ZIP CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

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CITY-ST-ZIP

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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: Manuel Fueyo 4-24-08
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

Send via CRR #7006 2150 0002 3058 0012