


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000086865	
1. Entity Name MALCOLM FUND, INC.	

Principal Place of Business 320 SE 10TH AVE #D POMPANO BEACH FL 33060	Mailing Address 320 SE 10TH AVE #D POMPANO BEACH FL 33060
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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MARTIN, JAMES 320 SE 10TH AVE #D POMPANO BEACH FL 33060	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State (FL) Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	P	<input type="checkbox"/> Delete
NAME	MARTIN, JAMES	
STREET ADDRESS	320 SE 10 AVE. #D	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, PATRICK	
STREET ADDRESS	320 SE 10 AVE APT D	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, PATRICK	
STREET ADDRESS	320 SE 10 AVE APT D	
CITY-ST-ZIP	POMPANO BEACH FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000076579	
STREET ADDRESS	03/05/04-80007-012 150.00	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James Martin, Pres 02 Mar 04-954-781-7913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #