


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000000270**

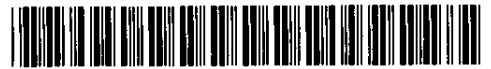
1. Entity Name  
MAUI STYLE OF FLORIDA, INC.



Principal Place of Business      Mailing Address

411-4 NORTH ATLANTIC AVENUE      411-4 NORTH ATLANTIC AVENUE  
DAYTONA BEACH, FL 32118      DAYTONA BEACH, FL 32118

**DO NOT WRITE IN THIS SPACE**



01122008      No Chg-P      CR2E034 (11/05)

4. FEI Number 59-3289375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

JOHN M MACDANIEL PA  
TWO S BISCAYNE BLVD  
ONE BISCAYNE TOWER SUITE 2975  
MIAMI, FL 33131

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1100000818112 02/15/08-90026-022 159.75
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FEDIDA, SHLOMO M
STREET ADDRESS	411-4 N ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: FEDIDA SHLOMO      02-01-08      386 238 1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

FEDIDA SHLOMO