## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 23, 2004 8:00 am Secretary of State DOCUMENT # P95000072298 04-23-2004 90232 004 \*\*\*150 00 1. Entity Name MALEN ENTERPRISE, INC. Principal Place of Business Mailing Address 94061147 1111 S. ROYAL POINCIANA BLVD. 1111 S. ROYAL POINCIANA BLVD. MIAMI, FL 33166 MIAMI, FL 33166 04212004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 65-0607447 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TEIXEIRA, ELIZABETH DO NOT WRITE 1111 S. ROYAL POINCIANA BLVD. :\*\* MIAMI, FL 33166 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE TEIXEIRA, ELIZABETH NAME STREET ADDRESS 1111 S. ROYAL POINCIANA BLVD. CITY-ST-ZIP MIAMI, FL 33166 TITLE TEIXETRA, ELENA NAME STREET ADDRESS 1111 S. ROYAL POINCIANA BLVD. CITY-ST-ZIP MIAMI, FL 33166 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 wity an address, with all other like empowered.

TRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

**FILED**