

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90061 038 \*\*\*150.00

40020663



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0607447	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DOCUMENT # P95000072298**  
 1. Entity Name  
**MALEN ENTERPRISE, INC.**



Principal Place of Business 1111 S. ROYAL POINCIANA BLVD. MIAMI, FL 33166	Mailing Address 1111 S. ROYAL POINCIANA BLVD. MIAMI, FL 33166
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 TEIXEIRA, ELIZABETH  
 1111 S. ROYAL POINCIANA BLVD.  
 MIAMI, FL 33166

**DO NOT WRITE 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Elizabeth Teixeira* DATE: *2/14/05*

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEIXEIRA, ELIZABETH 1111 S. ROYAL POINCIANA BLVD. MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TEIXETRA, ELENA 1111 S. ROYAL POINCIANA BLVD. MIAMI, FL 33166
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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 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: *Elizabeth Teixeira* DATE: *2/14/05*

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