


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 A
Secretary of State

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



Principal Place of Business Mailing Address
 1111 S. ROYAL POINCIANA BLVD. 1111 S. ROYAL POINCIANA BLVD.
 MIAMI, FL 33166 MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE



03072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0607447	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE 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	PD
NAME	TEIXEIRA, ELIZABETH
STREET ADDRESS	1111 S. ROYAL POINCIANA BLVD.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VP
NAME	TEIXETRA, ELENA
STREET ADDRESS	1111 S. ROYAL POINCIANA BLVD.
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000858791
 04/01/08-80058-017-150.00

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: *[Signature]* (VIC) 305 887-0680 3/11/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #