

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91907 008 ***150.00

80112643

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000092771					
1. Entity Name M.A.L.F. INC.					
Principal Place of Business 1870 E 3 AVE HIALEAH, FL 33010 US			Mailing Address 1870 E 3 AVE HIALEAH, FL 33010 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0708815	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FRAGA, ROLANDO 1870 E 3 AVE HIALEAH, FL 33010			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			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 _____ (Signature, typed or printed name of registered agent and title if applicable)					
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P FRAGA, ROLANDO 1870 E 3 AVE HIALEAH, FL 33010	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.					
SIGNATURE: <i>Rolando Fraga</i> Rolando Fraga 4/28/03					

CR25034 (10/02)