2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000018475

Address:

City-St-Zip:

10711 S.W. 27TH ST.

MIAMI, FL 33165

Entity Name: MALIZ ENTERPRISES, INC

FILED Oct 27, 2004 Secretary of State

Entity Name: MALIZ ENTERPRISES, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
10711 S.W MIAMI, FL	7. 27TH ST. 33165				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
10711 S.W MIAMI, FL	7. 27TH ST. 33165				
FEI Number:	65-0750131	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
2455 EAST SUITE 905	ER, OSCAR E SUNRISE BL IDERDALE, FL	VD.			
	named entity s of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () COLON, OSVAL 10711 S.W. 271 MIAMI, FL 3316	TH ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () COLON, SIRIA I 10711 S.W. 271 MIAMI, FL 3316	TH ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () TOCA, ELIZABE 10711 S.W. 271 MIAMI, FL 3316	TH ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () SCHNEIDER, M	Delete ARI M	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: OSVALDO COLON D 10/27/2004