

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P97000100818

Entity Name: MALKEE CORPORATION

**FILED**  
**Jan 20, 2009**  
**Secretary of State****Current Principal Place of Business:**625 NE PARK ST  
OKEECHOBEE, FL 34972**New Principal Place of Business:****Current Mailing Address:**1749 SE 6TH LANE  
OKEECHOBEE, FL 34974**New Mailing Address:**

FEI Number: 65-0795669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**ABDALLAH, YAMIN  
1749 SE 6TH LANE  
OKEECHOBEE, FL 34974 US**Name and Address of New Registered Agent:**IHAP, YAMIN  
1749 SE 6TH LANE  
OKEECHOBEE, FL 34974 US

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.

SIGNATURE: IHAP YAMIN

01/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: D ( ) Delete  
Name: ABDALLAH, YAMIN  
Address: 1749 SE 6TH LANE  
City-St-Zip: OKEECHOBEE, FL 34974Title: S ( ) Delete  
Name: MOUTAZ, YAMIN  
Address: 1749 SE 6TH LANE  
City-St-Zip: OKEECHOBEE, FL 34974**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change ( ) Addition  
Name: IHAP, YAMIN  
Address: 1749 SE 6TH LANE  
City-St-Zip: OKEECHOBEE, FL 34974Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: IHAP YAMIN

D

01/20/2009

Electronic Signature of Signing Officer or Director

Date