

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90033 010 ***150.00

DOCUMENT # P98000002111					
1. Entity Name MAISOON, INC.					
Principal Place of Business 7432 ROYAL PALM BLVD MARGATE, FL 33063			Mailing Address 7220 PIMLICO LN PARKLAND, FL 33067		
2. Principal Place of Business 2143 N. State RD 7		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Margate FL		City & State			
Zip 33063		Country		Zip	
Country		Country			
4. FEI Number 65-0809045					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MUSALLAM, FOUAD 7432 ROYAL PALM BLVD MARGATE, FL 33063					
7. Name and Address of New Registered Agent					
Name Fouad Musallam					
Street Address (P.O. Box Number is Not Acceptable) 2143 N. State RD 7					
City Margate FL Zip Code 33063					
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 1-17-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete MUSALLAM, FOUAD H 7432 ROYAL PALM BLVD MARGATE, FL 33063				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete MUSALLAM, IZDEHAR 7432 ROYAL PALM BLVD MARGATE, FL 33063				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition musallam, Fouad H 2143 N. State RD 7 Margate FL 33063				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition musallam, Izdehar 2143 N. State RD 7 Margate FL 33063				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 address, with all other like empowered.					
SIGNATURE: 1-17-06 (954) 383-3150 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					