## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Feb 25, 2008 08:00 AN **DOCUMENT # P98000002111** Secretary of State 1. Entity Name MAISOON, INC. Principal Place of Business Mailing Address 2143 N STATE RD 7 2143 N STATE RD 7 MARGATE, FL 33063 MARGATE, FL 33063 02182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0809045 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MUSALLAM, FOUAD DO NOT WRITE 2143 N STATE RD 7 MARGATE, FL 33063 IN THIS SPACE 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. Segretare, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE MUSALLAM, FOUAD H NAME STREET ADDRESS 2143 N STATE RD 7 CITY-ST-ZIP MARGATE, FL 33063 U00000838092 03/05/08-80015-025 158.75 MUSALLAM, FOUAD NAME STREET ADDRESS 2143 N STATE RD 7 CITY-ST-ZIP MARGATE, FL 33063 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7P TITLE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

ATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2-22-08

FILED