

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90052 006 ***158.75

DOCUMENT # P98000005901

1. Entity Name
MALIDA MANAGEMENT INC.



Principal Place of Business
**2629 N.W. 64TH PLACE
BOCA RATON, FL 33496**

Mailing Address
**2629 N.W. 64TH PLACE
BOCA RATON, FL 33496**

40002590



01132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
400 S.E. FIFTH AVENUE

3. Mailing Address
400 S.E. FIFTH AVENUE

Suite, Apt. #, etc.
604

Suite, Apt. #, etc.
604

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
65-0807836

Applied For
☐ Not Applicable

Zip
33432

Country
U.S.A.

Zip
33432

Country
U.S.A.

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HADDAD, CALVIN
2629 N.W. 64TH PLACE
BOCA RATON, FL 33496**

Name
HADDAD, CALVIN

Street Address (P.O. Box Number is Not Acceptable)
400 S.E. FIFTH AVENUE - APT. 604

City
BOCA RATON

FL

Zip Code
33432

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

Calvin Haddad
CALVIN HADDAD

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
D
NAME
HADDAD, CALVIN
STREET ADDRESS
501 E PALMETTO PARK RD
CITY-ST-ZIP
BOCA RATON, FL 33432

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
DIRECTOR
NAME
HADDAD, CALVIN
STREET ADDRESS
400 S.E. FIFTH AVENUE - APT. 604
CITY-ST-ZIP
BOCA RATON, FL 33432

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE:

Calvin Haddad
CALVIN HADDAD

Date

Daytime Phone #

1/13/05 (212) 683-4444

ATTACHMENT

40002590

Malida Management, Inc.

400 S.E. FIFTH AVE., APT. 604

BOCA RATON, FL 33432

(Tel) 561-447-0514 - (Fax) 561-447-0397

January 14, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Malida Management, Inc.
Document #P98000005901

Dear Sir or Madam:

Enclosed please find our check # 2455 in the amount of \$158.75 paying the **Annual Report** for 2005 for the above-referenced document number.

Included in our payment is \$8.75 as the additional fee required for you to forward a **Certificate of Status Desired** (No. 5).

Please be kind enough to forward said Certificate to the new mailing address as indicated within box #7 of the **Annual Report**, as follows:

Malida Management, Inc.
C/o Calvin C. Haddad
400 S.E. Fifth Ave., Apt. 604
Boca Raton, FL 33432

Very truly yours,

MALIDA MANAGEMENT, INC.


Calvin C. Haddad

CCH/cp
Encl.