


FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90117 007 ***158.75

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000005901			
1. Entity Name MALIDA MANAGEMENT INC.			
Principal Place of Business 400 SE FIFTH AVENUE #604 BOCA RATON, FL 33432		Mailing Address 400 SE FIFTH AVENUE #604 BOCA RATON, FL 33432	
2. Principal Place of Business 55 NE FIFTH AVE.		3. Mailing Address 55 NE FIFTH AVE.	
Suite, Apt. #, etc. 402		Suite, Apt. #, etc. 402	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33432		Zip 33432	
Country USA		Country USA	
4. FEI Number 65-0807836		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HADDAD, CALVIN 400 SE FIFTH AVENUE APT 604 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name HADDAD, CALVIN Street Address (P.O. Box Number is Not Acceptable) 55 NE FIFTH AVE. SUITE 402 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 <i>Calvin Haddad</i> (NOTE: Registered Agent signature required when reinstating) DATE 1/19/06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS TITLE D <input type="checkbox"/> Delete NAME HADDAD, CALVIN STREET ADDRESS 400 SE FIFTH AVENUE, APT 604 CITY-ST-ZIP BOCA RATON, FL 33432		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HADDAD, CALVIN STREET ADDRESS 55 NE FIFTH AVE -SUITE 402 CITY-ST-ZIP BOCA RATON, FL 33432	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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 an address, with all other like empowered.			
SIGNATURE: <i>Calvin Haddad</i>		Date 1/19/06 (212) 683-4444	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	