

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000035672

1. Entity Name  
MALENA, INC.



Principal Place of Business

305 S STATE RD 441  
PLANTATION, FL 33317  
435 NE 121ST STREET  
APT. # 206  
MIAMI, FL 33161

Mailing Address

305 S STATE RD 441  
PLANTATION, FL 33317  
435 NE 121ST STREET # 206  
MIAMI, FL 33161

50028960

**DO NOT WRITE IN THIS SPACE**

01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0918136	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent

MOLINA, MARIA E  
305 S STATE RD 7  
PLANTATION, FL 33317  
435 NE 121ST STREET # 206  
MIAMI, FL 33161

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable. (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 MOLINA, MARIA ELENA  
STREET ADDRESS 435 NE 121 ST, APT 206  
CITY-ST-ZIP N MIAMI, FL 33161

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Maria Molina, BBS- 31105 305-893-2220

Date

Daytime Phone #