



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90161 014 ***150.00

DOCUMENT # V31416 1. Entity Name MALCON CORP.					
Principal Place of Business 9976 COSTA DEL SOL BLVD. STE. 12 MIAMI, FL 33323 US			Mailing Address 9976 COSTA DEL SOL BLVD. STE. 12 MIAMI, FL 33323 US		
2. Principal Place of Business 9976 Costa del Sol Blvd		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami - FL		City & State 		4. FEI Number 65-0339763	
Zip 33178		Country Miami - DANE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent - ERNESTO N. MALAGA 9976 COSTA DEL SOL BLVD. UNIT D MIAMI, FL 33173			7. Name and Address of New Registered Agent Name Ernesto N. Malaga Street Address (P.O. Box Number is Not Acceptable) 9976 Costa del Sol Blvd City Miami FL Zip Code 33178		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS MALAGA, ERNESTO N. 9976 COSTA DEL SOL BLVD. MIAMI, FL <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  ERNESTO MALAGA 04/29/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					
PRESIDENT					