

**- 2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90025 043 ***150.00

DOCUMENT # V40069

1. Entity Name

MALU'S SERVICES CORP.



Principal Place of Business

Mailing Address

1110 CONGRESSIONAL WAY
DEERFIELD FL 33442
US

P.O. BOX 812675
BOCA RATON FL 33442
US

2. Principal Place of Business

3. Mailing Address

21403 PAGOSA CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON - FL

Zip
33486

Country

FL

Zip

Country

4. FEI Number

65-0342447

Applied For

Not Applicable

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

FRANCA, MARIA LUCIA
1110 CONGRESSIONAL WAY
DEERFIELD FL 33442

Name **MARIA LUCIA FRANCA**

Street Address (P.O. Box Number is Not Acceptable)

21403 PAGOSA CT

City **BOCA RATON**

FL

Zip Code

33486

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

MARIA L. FRANCA

Francis owner

03/10/05

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

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FRANCA, MARIA LUCIA**
STREET ADDRESS **1110 CONGRESSIONAL WAY**
CITY-ST-ZIP **DEERFIELD FL 33442**

TITLE **Address** ☒ Change ☐ Addition
NAME
STREET ADDRESS **21403 PAGOSA CT.**
CITY-ST-ZIP **BOCA RATON - FL - 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

03/10/05

Date

5614172954

Daytime Phone #