

2009

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

April 15, 2009

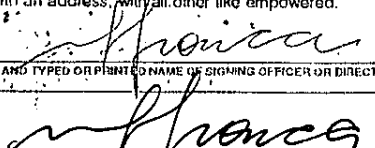
FILED

09 MAY - 1 03/17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

sended



1st MOORE CR2E034 (10/06)

DOCUMENT # V40069			
1. Entity Name MALU'S SERVICES CORP.		Principal Place of Business 21403 PAGOSA CT BOCA RATON FL 33486 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. BOX 812675 BOCA RATON FL 33442 US	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0342447		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fees Required	
6. Name and Address of Current Registered Agent FRANCA, MARIA LUCIA 21403 PAGOSA CT BOCA RATON FL 33486		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY- ST- ZIP	D FRANCA, MARIA LUCIA 21403 PAGOSA CT BOCA RATON FL 33486 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		03/03/07 561.4172954	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04/15/09 561.4172954	