

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V51581

Entity Name: MALTESE ONE, INC.

FILED
Feb 11, 2006
Secretary of State

Current Principal Place of Business:

100 N ST. RD. 7
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

100 N ST. RD. 7
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0347637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN A. KASBAR & CO.
3880 SHERIDAN STREET
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALTESE, KATHLEEN K
Address: 4121 SW 106 TERRACE
City-St-Zip: DAVIE, FL 33328

Title: ST () Delete
Name: MALTESE, KATHLEEN K
Address: 4121 SW 106 TERR.
City-St-Zip: DAVIE, FL 33328

Title: VP () Delete
Name: DELCAMPO, JOSEPHINE A
Address: 7591 SW 37TH COURT
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: MALTESE, JAMIE C
Address: 13722 NW 10TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP () Delete
Name: WEIGELT, DEBORAH L
Address: 4121 SW 106 TERRACE
City-St-Zip: DAVIE, FL 33328

Title: VP () Delete
Name: MALTESE, ANTHONY J JR
Address: 4121 SW 106 TERRACE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN MALTESE

P

02/11/2006

Electronic Signature of Signing Officer or Director

Date