

**2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P20000061460

**Entity Name:** MALALEAFIZ INC

**Current Principal Place of Business:**

17620 NE 8TH PLACE  
MIAMI, FL 33162

**Current Mailing Address:**

17620 NE 8TH PLACE  
MIAMI, FL 33162

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LIPSZYC, YOEL  
17620 NE 8TH PLACE  
MIAMI, FL 33162 US

*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

**Officer/Director Detail :**

Title	P	Title	AUTHORIZED AGENT
Name	LIPSZYC, YOEL	Name	LIPSZYC, SHOLOM DOVBER
Address	17620 NE 8TH PLACE	Address	636 SW 19TH AVE
City-State-Zip:	MIAMI FL 33162	City-State-Zip:	CAPE CORAL FL 33991

*I hereby 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 all other like empowered.*

**SIGNATURE:** YOEL LIPSZYC

P

06/20/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date