


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V30987 1. Entity Name MAFA ENTERPRISE CORP.	
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Principal Place of Business C/O PAVIA & HARCOURT LLP 600 MADISON AVENUE NEW YORK, NY 10022	Mailing Address C/O PAVIA & HARCOURT LLP 600 MADISON AVENUE NEW YORK, NY 10022
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04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0400357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U00000141430
04/30/04-80011-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PAVIA, GEORGE 600 MADISON AVE, 12TH FL NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FANELLI, NICOLA BEACON HOUSE, 15 CHRISTCHURCH RD BOURNEMOUTH, DORSET, ENG, BH-13B
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BULL, DAVID JAMES BEACON HOUSE 15 CHRISTCHURCH RD BOURNEMOUTH, DORSET, ENG, BH-13B
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: D.J. Bull 04/14/04 011441202 551664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #