


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 08:00 AM
Secretary of State

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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02162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0400357	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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, EN BH13LB
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULL, DAVID JAMES BEACON HOUSE 15 CHRISTCHURCH RD BOURNEMOUTH, DORSET, ENG, EN BH1 3LB
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000649798
 03/07/07-80064-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **George M. PAVIA** 2/21/07 2125082394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #