
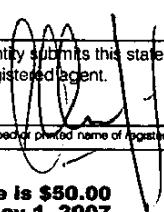
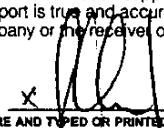


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90167 027 ****50.00

DOCUMENT # L03000046669					
1. Entity Name MACRO ENTERPRISES, LLC					
Principal Place of Business 11 ISLAND AVE, UNIT 1707 MIAMI BEACH, FL 33139			Mailing Address 11 ISLAND AVE, UNIT 1707 MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box # 11 Island Ave		3. Mailing Address Same as new P.B.			
Suite, Apt. #, etc. 1011		Suite, Apt. #, etc.			
City & State Miami Beach		City & State		4. FEI Number 26-0074312	
Zip FL		Country 33139		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PICO, JESUS 11 ISLAND AVE, UNIT 1707 MIAMI BEACH, FL 33139			7. Name and Address of New Registered Agent Name: Pico, Jesus Street Address (P.O. Box Number is Not Acceptable): 11 Island Ave # 1011 City: Miami Beach FL Zip Code: 33139		
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:  DATE: 02/14/07					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE MGRM NAME PICO, JESUS STREET ADDRESS 11 ISLAND AVE, UNIT 1707 CITY - ST - ZIP MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE MGRM NAME Pico, Jesus STREET ADDRESS 11 Island Ave #1011 CITY - ST - ZIP Miami Beach, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME GIMENEZ, HUNGRIA STREET ADDRESS 11 ISLAND AVE, UNIT 1707 CITY - ST - ZIP MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE MGRM NAME Gimenez, Hungria STREET ADDRESS 11 Island Ave # 1011 CITY - ST - ZIP Miami Beach, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			02/14/07 305-534-7470		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		