2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90048 032 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P00000050704

1. Entity Name
MACHO MAN, INC.

Principal Place of Business	Mailing Address
10275 COLLINS AVE #1130 BAL HARBOUR FL 33154	10275 COLLINS AVE #1130 BAL HARBOUR FL 33154

2. Principal Place of Business	3. Mailing Address
1901 Collins Ave	11 Island ave
Suite, Apt. # etc. ELYCIA SHORE CLUB	Suite, Apt. # etc. 512
City & State Miami Beach, Fl	City & State Miami Beach, Fl
Zip 33139 Country USA	Zip 33139 Country USA

4. FEI Number 65-1030339 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SOLKOFF, ELYCIA
10275 COLLINS AVE
1130
BAL HARBOUR FL 33154

7. Name and Address of New Registered Agent

Name SOLKOFF, ELYCIA
Street Address (P.O. Box Number is Not Acceptable) 11 Island ave #512
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 [signature] 2/16/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLKOFF, ELYCIA F 10275 COLLINS AVE #1130 BAL HARBOUR FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition SOLKOFF, ELYCIA F 11 Island ave #512 Miami Beach Fl 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 2/16/04 (305)864-0040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #