

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 SEP 30 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000058095

1. Entity Name
MAC REALTY HOLDINGS, INC.Principal Place of Business
157 COLLINS AVE 2 FL
MIAMI BEACH, FL 33139Mailing Address
157 COLLINS AVE 2 FL
MIAMI BEACH, FL 3313966433000
08/15/04 90006.025 \$150.00
07272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

90-0100224

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES INC.
ONE SE THIRD AVE 28FL
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity extends 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, name or correct name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when terminating)

DATE

FILE NOW IN FEB IS \$150.00
Due by September 8, 20049. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
Myles Chetetz, President
157 Collins Ave.
Miami Beach, FL 33139TITLE NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE 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 110.07(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 prepare 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, if not, I am the empowered.

SIGNATURE:

Signature and Title of President, Secretary or Treasurer of Corporation

7/27/04

FES-215-25108

Daytime Phone #