

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000053596 1. Entity Name M.A.C.A. BUSINESS CORP.				FILED 06 AUG 16 PM 3:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 11044 SW 128 CT. MIAMI, FL 33186		Mailing Address 11044 SW 128 CT. MIAMI, FL 33186			
2. Principal Place of Business 11381 SW 129 CT Suite, Apt. #, etc.		3. Mailing Address 11381 SW 129 CT Suite, Apt. #, etc.		08152006 REIN-P CR2E098 (11/05)	
City & State MIAMI Florida		City & State MIAMI Florida		4. FEI Number 56-2448659	
Zip 33186 Country USA		Zip 33186 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CESPEDES, MIGUEL A 11044 SW 128 CT MIAMI, FL 33186			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11381 SW 129 CT City MIAMI FL Zip Code 33186		
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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 8-15-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CESPEDES, MIGUEL A 11044 SW 128 CT. MIAMI, FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11381 SW 129 CT MIAMI-FL-33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ACOSTA, ROLANDO 11044 SW 128 CT. MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300079128083 08/25/06--01032--010 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORALES, CARLOS 11044 SW 128 CT. MIAMI, FL 33186	<input checked="" 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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 8-15-06 <small>Daytime Phone #</small>		