

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90172 034 ***150.00

DOCUMENT # P06000124270	
1. Entity Name M.A.C. PROJECT MANAGEMENT, INC.	

60032891

Principal Place of Business 11100 NW 37 STREET SUNRISE, FL 33351	Mailing Address 11100 NW 37 STREET SUNRISE, FL 33351
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2. Principal Place of Business - No P.O. Box # 10960 NW 40 ST	3. Mailing Address 10960 NW 40 ST 11470 NW 33 ST
Suite, Apt. #, etc. 11470 NW 33 ST	Suite, Apt. #, etc.

City & State SUNRISE, FL	City & State SUNRISE, FL
Zip 33323	Zip 33323
Country	Country



02222008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5633015	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CASTANEDA, MIGUEL A 11100 NW 37 STREET SUNRISE, FL 33351	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10960 NW 40 ST 11470 NW 33 ST City SUNRISE FL Zip Code 33323	

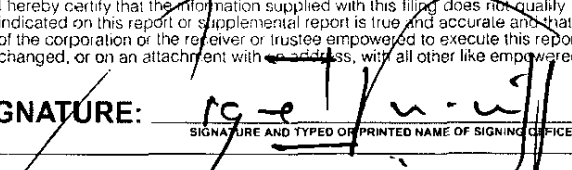
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: MIGUEL CASTANEDA, PRES.
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P CASTANEDA, MIGUEL A 11100 NW 37 STREET SUNRISE, FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☒ Change ☐ Addition 10960 NW 40 ST SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☒ Change ☐ Addition 11470 NW 33 ST SUNRISE FL, 33323
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 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 address, with all other like empowered.

SIGNATURE:  MIGUEL CASTANEDA (954) 821-2826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #