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

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1. Entity Name
M.A.C. PROJECT MANAGEMENT, INC.

Principal Place of Business	Mailing Address
11100 NW 37 STREET SUNRISE, FL 33351	11100 NW 37 STREET SUNRISE, FL 33351

02222008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 11470 NW 33 ST
Suite, Apt. #, etc. 11470 NW 33 ST	Suite, Apt. #, etc.
City & State SUNRISE, FL	City & State SUNRISE, FL
Zip 333[illegible]23 Country	Zip 333[illegible]23 Country

4. FEI Number 20-5633015 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTANEDA, MIGUEL A 11100 NW 37 STREET SUNRISE, FL 33351	Name Street Address (P.O. Box Number is Not Acceptable) 11470 NW 33 ST. City SUNRISE FL Zip Code [illegible]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. DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 11470 NW 33 ST SUNRISE FL, 33323
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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 an address, with all other like empowered.

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