


**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90071 033 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P93000086435  
 1. Entity Name  
 MACALVA, INC



70027668

**DO NOT WRITE IN THIS SPACE**

|  |         |   |         |  |  |                               |  |
|--|---------|---|---------|--|--|-------------------------------|--|
| 2. Principal Place of Business<br>407 Lincoln Rd<br>Suite, Apt. #, etc.<br>Suite 502 |         | 3. Mailing Address<br>Suite, Apt. #, etc. |         | 4. FEI Number<br>52-1875161  |  | Applied For<br>Not Applicable |  |
| City & State<br>Miami Beach, Florida   |         | City & State                              |         | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |                               |  |
| Zip<br>33139   | Country | Zip                                       | Country |  |  |                               |  |

DO NOT WRITE IN THIS SPACE

**7. Name and Address of Current Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

TORRES, ANGEL E  
 407 Lincoln Rd Suite 502  
 Miami Beach, FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 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                     |  |  |                                       |
|--|--|--|---------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>AGUADO, ISIDRO GARCIA<br>407 Lincoln Rd Suite 502<br>Miami Beach, FL 33139 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>AGUADO, JORGE<br>407 Lincoln Rd Suite 502<br>Miami Beach, FL 33139         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TORRES, ANGEL E<br>407 Lincoln Rd Suite 502<br>Miami Beach, FL 33139        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                       |

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* 3/11/03 (305) 672-0805  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #