## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

## Mar 12, 2008 08:00 A Secretary of State **DOCUMENT # P96000091609** 1. Entity Name MACA CONSTRUCTION CORP. Principal Place of Business Mailing Address 3857 WEST 16 AVENUE 3857 WEST 16 AVENUE HIALEAH, FL 33012 HIALEAH, FL 33012 No Chg-P CR2E034 (11/05) 01222008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0734007 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CAYON, MAURICE 3857 WEST 16 AVENE IN THIS SPACE HIALEAH, FL 33012 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U000000854729 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 03/27/08-80020-022 150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE CAYON, MAURICE NAME 3857 WEST 16 AVENUE STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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 accress, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED