

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000029011

**FILED**  
**Jan 12, 2014**  
**Secretary of State**  
**CC2874634304**

**Entity Name:** MACHIBE HOME SERVICES CORP

**Current Principal Place of Business:**

3001 LINTON BLVD  
APT 214C  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

3001 LINTON BLVD  
APT 214C  
DELRAY BEACH, FL 33445 US

**FEI Number:** 45-4912230

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHICA, MARIA I  
2925 SW 22ND  
APT 202  
DELRAY BEACH, FL 33445 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            CHICA, JOSE M  
Address        3001 LINTON BLVD  
                  APT 214C  
City-State-Zip: DELRAY BEACH FL 33445

Title            V  
Name            CHICA, MARIA I  
Address        3001 LINTON BLVD  
                  APT 214C  
City-State-Zip: DELRAY BEACH FL 33445

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSE MANUEL CHICA

**PRESIDENT**

**01/12/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date