

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90084 017 \*\*\*150.00

**DOCUMENT # 149548**

1. Entity Name  
**MAC CORPORATION**



Principal Place of Business  
**91 KNOLLWOOD AVE  
HUNTINGTON, NY 11745**

Mailing Address  
**91 KNOLLWOOD AVE  
HUNTINGTON, NY 11745**

**40014110**



01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0672763**

Applied For  
Not Applicable

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

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

**LOUIS FINE  
6016 SW 13TH TERR  
MIAMI, FL 33144**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CHALEK, ROSE MARIE
STREET ADDRESS	91 KNOLLWOOD AVE
CITY-ST-ZIP	HUNTINGTON, FL 11745
TITLE	ST
NAME	CHALEK, RICHARD
STREET ADDRESS	40 MAPLE AVENUE
CITY-ST-ZIP	LOCUST VALLEY, NY
TITLE	V
NAME	CHALEK, RICHARD
STREET ADDRESS	91 KNOLLWOOD AVE
CITY-ST-ZIP	HUNTINGTON, NY 11745
TITLE	T
NAME	CHALEK, Pamela
STREET ADDRESS	40 MAPLE AVE, LOCUST VALLEY, NY 11560
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** **Richard Chalek** **2/1/07** **516-629-6907**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #