


**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
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**DO NOT WRITE IN THIS SPACE**

40014110



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0672763	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD CHALEK, ROSE MARIE 91 KNOLLWOOD AVE HUNTINGTON, FL 11745
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHALEK, RICHARD 40 MAPLE AVENUE LOCUST VALLEY, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHALEK, RICHARD 91 KNOLLWOOD AVE HUNTINGTON, NY 11745
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T</i> CHALEK, Pamela 40 MAPLE Ave. LOCUST VALLEY, NY 11560
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 Date: 2/1/07 Daytime Phone #: 516-629-6907