


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 356562
1. Entity Name
MACBRUD CORPORATION



Principal Place of Business
**13204 SW 131ST STREET
MIAMI, FL 33186**

Mailing Address
**PO BOX 770640
MIAMI, FL 33177**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1351835

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LARY, DR BANNING G
6371 S.W. 87TH TERRACE
MIAMI, FL 33143**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

1100000368000
DATE
01/20/06-80020-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLASSER, SONYA S 3 GROVE ISLE #210 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D LARRY, KATHERINE T 6371 SW 87TH TERRACE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARY, BANNING G 6371 SW 87TH TERRACE MIAMI, FL 33143
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 files empowered.

SIGNATURE: Sonya S. Glaser 1/12/06 305-378-1958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #