

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90024 034 ***150.00

DOCUMENT # 393212

1. Entity Name
MAC PARKING, INC.



Principal Place of Business
 12700 BISCAYNE BAY DR.
 NORTH MIAMI, FL 33181

Mailing Address
 12700 BISCAYNE BAY DR.
 NORTH MIAMI, FL 33181



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1376730	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CENTRELLA, VIC
 12700 BISCAYNE BAY DRIVE
 NORTH MIAMI, FL 33181

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 registering) 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	P CENTRELLA, VIC 12700 BISCAYNE BAY DR. NORTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAYALI, EMAD 2525 E TERRACE DR APT 2110 MIAMI BEACH, FL 33141
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Centrella **President**

1-24-07 ³⁰⁵ *5916207*

Date Daytime Phone #