

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90031 004 \*\*\*155.00

DOCUMENT # F0000006018

1. Entity Name  
**MACRO ENTERPRISE CORPORATION**



Principal Place of Business      Mailing Address

1756 COSTA DEL SOL      1756 COSTA DEL SOL  
 BOCA RATON, FL 33432      BOCA RATON, FL 33432

2. Principal Place of Business      3. Mailing Address

33 SE 7th ST      33 SE 7th ST  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Suite K      Suite K

City & State      City & State

Boca Raton, fl      Boca Raton, fl

Zip      Country      Zip      Country

33432      Palm Beach      33432      Palm Beach



02282006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

65-1023043      Not Applicable

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

6. Name and Address of Current Registered Agent

REYES, LUZ  
 1756 COSTA DEL SOL  
 BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name: Luz Reyes

Street Address (P.O. Box Number is Not Acceptable)  
33 SE 7th ST, Suite K

City: Boca Raton      FL      Zip Code: 33432

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]      DATE: 3/16/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PCSD	<input type="checkbox"/> Delete
NAME	BAGIOLI, RAUL L	
STREET ADDRESS	1756 COSTA DEL SOL	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAGIOLI, LUZ R	
STREET ADDRESS	1756 COSTA DEL SOL	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raul Baglioli	
STREET ADDRESS	33 SE 7th ST, suite K	
CITY-ST-ZIP	Boca Raton, fl 33432	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUZ BAGIOLI	
STREET ADDRESS	33 SE 7th ST, suite K	
CITY-ST-ZIP	Boca Raton, fl 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]      Date: 3/16/06      Daytime Phone #: 5613959996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR