

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F00000006018

1. Entity Name
MACRO ENTERPRISE CORPORATION



Principal Place of Business
33 SE 7TH ST
SUITE K
BOCA RATON, FL 33432

Mailing Address
33 SE 7TH ST
SUITE K
BOCA RATON, FL 33432

FILED
Apr 13, 2007 08:00 AM
Secretary of State



03122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1023043	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

REYES, LUZ
33 SE 7TH ST
SUITE K
BOCA RATON, FL 33432

**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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-09-07

**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

U000000707512

04/24/07-80078-003 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCSD BAGIOLI, RAUL L 33 SE 7TH ST SUITE K BOCA RATON, FL 33432
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAGIOLI, LUZ R 33 SE 7TH ST SUITE K BOCA RATON, FL 33432
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-09-07

Date

561 3959996

Daytime Phone #