


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90011 018 ***158.75

DOCUMENT # F96000001354

1. Entity Name
MACH CONSTRUCTION CO., INC.



Principal Place of Business
**2604 NW 124TH AVE
 CORAL SPRINGS, FL 33065**

Mailing Address
**2604 NW 124TH AVE
 CORAL SPRINGS, FL 33065**

49001085



2. Principal Place of Business
4300 N. UNIVERSITY DR. A-105
 Suite, Apt. #, etc.
Suite A-105

3. Mailing Address
4300 N. UNIVERSITY DR.
 Suite, Apt. #, etc.
A-105

01072004 Chg-P CR2E034 (10/03)

City & State
Lauderhill, FL 33351

City & State
Lauderhill, FL

4. FEI Number
88-0185258

Applied For
 Not Applicable

Zip
33351

Country
U.S.A.

Zip
33351

Country

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

6. Name and Address of Current Registered Agent

**FERNANDEZ, YOLANDA
 800 PARKVIEW DR., #1024
 HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> Delete
NAME AGUIAR, MANUEL	
STREET ADDRESS 2604 NW 124TH AVE	
CITY-ST-ZIP CORAL SPRINGS, FL 33065	
TITLE VP	<input type="checkbox"/> Delete
NAME AGUIAR, LIZET	
STREET ADDRESS 2604 NW 124TH AVE	
CITY-ST-ZIP CORAL SPRINGS, FL 33065	
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	<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	
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 exemption stated in Section 119.07(3)(i), 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: _____ **1/7/2004 (954) 578-9480**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #