2008 FOR PROFIT CORPORATION

CITY-ST-ZIP

Jan 11, 2008 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # F9600001354 01-11-2008 90061 033 ***158.75 MACH CONSTRUCTION CO., INC. Principal Place of Business Mailing Address 4000-2604 NW 124TH AVENUE 2604 NW 124TH AVENUE CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7501 wiled Rd. 7501 wiles Rd. Suite, Apt. #, etc. CR2E034 (12/06) 01042008 Chg-P 102-A /02 - A City & State City & State 4. FEI Number Applied For 88-0185258 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ, YOLANDA Street Address (P.O. Box Number is Not Acceptable) 800 PARKVIEW DR., #1024 HALLANDALE, FL 33009 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE Change AGUIAR, MANUEL NAME NAME STREET ADDRESS 2604 NW 124TH AVE STREET ADDRESS CORAL SPRINGS, FL 33065 CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE ☐ Change ☐ Addition TITLE ☐ Delete AGUIAR LIZET NAME NAME STREET ADDRESS STREET ADDRESS 2604 NW 124TH AVE CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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12. Thereby 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.

FILED

752-7229