

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan-28, 2008 08:00 AM
Secretary of State

DOCUMENT # H09445

1. Entity Name
MACHI COMMUNITY SERVICE, INC.



Principal Place of Business
**5791 NW 7TH STREET
MIAMI, FL 33126 US**

Mailing Address
**5791 NW 7TH STREET
MIAMI, FL 33126 US**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2432316

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRIEVA, MARIA
6605 SW 87 AVE
MIAMI, FL 33174**

**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

Maria Brieva
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000799628
01/30/08-80073-014 158.75

10. OFFICERS AND DIRECTORS

TITLE	VPT
NAME	BRIEVA, MARIA
STREET ADDRESS	5011 SW 87 AVE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	PDS
NAME	ARAL, MARIAT
STREET ADDRESS	6005 SW 87 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Maria Brieva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/08

Date

305.442.8022

Daytime Phone #