

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H90688

Entity Name: 1199 MAC, INC.

FILED  
Apr 27, 2004  
Secretary of State

## Current Principal Place of Business:

6601 LYONS ROAD  
STE D-2  
COCONUT CREEK, FL 33073 US

## New Principal Place of Business:

## Current Mailing Address:

6601 LYONS ROAD  
STE D-2  
COCONUT CREEK, FL 33073 US

## New Mailing Address:

FEI Number: 59-2732028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCDOWELL, ROBERT L.  
3061 NW 112 AVE  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCDOWELL, ROBERT L.,  
Address: 3061 NW 112 AVE  
City-St-Zip: CORAL SPRINGS, FL

Title: VD ( ) Delete  
Name: MCDOWELL, NORMA  
Address: 3061 NW 112 AVE  
City-St-Zip: CORAL SPRINGS, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. MCDOWELL

PRES

04/27/2004

Electronic Signature of Signing Officer or Director

Date