

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J18215

Entity Name: M.A.C. INSURANCE AGENCY, INC.

**FILED**  
**Jun 20, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

27857 S. FEDERAL HWY.  
HOMESTEAD, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

27857 S. FEDERAL HWY.  
HOMESTEAD, FL 33032

**New Mailing Address:**

FEI Number: 59-2697522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARRASCO, RAFAEL  
15701 S.W. 56 STREET  
FT. LAUDERDALE, FL 33331 US

**Name and Address of New Registered Agent:**

CARRASCO, RENE LEE  
15701 S.W. 56 STREET  
FT. LAUDERDALE, FL 33331 US

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: RENE LEE CARRASCO

06/20/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CARRASCO, RAFAEL,  
Address: 15701 S.W. 56 STREET  
City-St-Zip: FT. LAUDERDALE, FL

Title: ST ( ) Delete  
Name: CARRASCO, RENE LEE,  
Address: 15701 S.W. 56 STREET  
City-St-Zip: FT. LAUDERDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CARRASCO, RENE LEE,  
Address: 15701 S.W. 56 STREET  
City-St-Zip: FT. LAUDERDALE, FL 33331

Title: ST (X) Change ( ) Addition  
Name: SANCHEZ, ALMA C,  
Address: 74 SW 17 AVE  
City-St-Zip: HOMESTEAD, FL 33030

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: RENE LEE CARRASCO

P

06/20/2005

Electronic Signature of Signing Officer or Director

Date