

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J18215

FILED
Apr 29, 2009
Secretary of State

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

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

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

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 exemption stated 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 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: ALMA SANCHEZ

ST

04/29/2009

Electronic Signature of Signing Officer or Director

Date