## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2007 8:00 am Secretary of State

ANNUAL REPORT	Secretary of State
DOCUMENT # K39572  1. Entity Name DR. MARK T. MACHUGA, PROFESSIONAL ASSOCIATION	01-22-2007 90074 029 ***150.00
Principal Place of Business  740 NORTH HASTINGS ST ORLANDO, FL 32808 US  Address  1554 BOREN DR 300 OCCOEE, FL 34761 US	
DO NOT WRITE IN THIS SPA	01032007 No Chg-P CR2E034 (11/05)
•• •	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
MACHUGA, MARK T. 2,	DO NOT WRITE
OCOEE; FL 34761	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 legistered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS	The state of the s
NAME MACHUGA, MARK T., DR.  STREET ADDRESS 1554 BOREN DR, #300  CITY-ST-ZIP OCOEE, FL 34761	2000 (BB36) 2000 (BB36)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TOCUMENT # K895/2001 13	- Committee of the conce.
STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
NAME CITIEST ADDRESS	IN THIS SPACE
STREET ADDRESS . CITY-SI-ZIP	
TITLE	The state of the s

12. I hereby certify that the information supplied with this filting 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: \_\_

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/07

407-877-9771