


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90037 046 ****61.25

DOCUMENT # N01000008260			
1. Entity Name MACO COMMERCE CENTER, CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2400 W 84 STREET SUITE #14 HIALEAH, FL 33018 US		Mailing Address 2400 W 84 STREET SUITE #14 HIALEAH, FL 33018 US	
2. Principal Place of Business <i>c/o The Foster Co.</i>		3. Mailing Address <i>c/o The Foster Co.</i>	
Suite, Apt. #, etc. <i>12396 SW 82 Ave</i>		Suite, Apt. #, etc. <i>12396 SW 82 Ave</i>	
City & State <i>Miami FL</i>		City & State <i>Miami FL</i>	
Zip <i>33150</i>	Country <i>USA</i>	Zip <i>33150</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent MARTINEZ, CARLOS A 2400 WEST 84TH STREET SUITE #14 HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name <i>Foster J. Scott Jr</i> Street Address (P.O. Box Number is Not Acceptable) --- <i>12396 SW 82 Ave</i> <i>Miami FL 33150</i> City <i>FL</i> Zip Code <i>33150</i>	
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 <i>Foster J. Scott Jr</i> DATE <i>3/17/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, CARLOS A 2400 WES 84 STREET, #14 HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Director Omar RORAY 1520 NW 79 Ave MIAMI FL 33126-1104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUKE, TERRELL 2400 W. 48TH STREET, #14 HIALEAH, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Dayana TOVAR 1520 NW 79 Ave MIAMI FL 33126-1104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, JORGE A 3809 NW 125TH STREET OPA LOCKA, FL 33054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Marcelo Soldano 1520 NW 79 Ave MIAMI FL 33126-1104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ANTONIO Reyes 9804 NW 80 Ave Hialeah Gardens, FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ALFONSO ARUCL 13117 NW 107 Ave #3 Hialeah Gardens FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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: <i>[Signature]</i>		Date <i>3/16/05</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	