


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90083 029 ****61.25

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1. Entity Name
MACO COMMERCE CENTER, CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O THE FOSTER CO.
 12396 SE 82 AVE
 MIAMI, FL 33156 US**

Mailing Address
**C/O THE FOSTER CO.
 12396 SE 82 AVE
 MIAMI, FL 33156 US**

40072672



2. Principal Place of Business - No P.O. Box #
12901 W. Okeechobee Rd

3. Mailing Address
P.O. Box 126605

Suite, Apt. #, etc.
#F11

Suite, Apt. #, etc.

03272007 Chg-NP CR2E037 (12/06)

City & State
Hialeah Gardens Fl.

City & State
Hialeah Fl

Zip
33018

Country
USA

Zip
33012

Country

4. FEI Number
01-0575402

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**FOSTER, SCOTT J. JR.
 12396 SW 82 AVE
 MIAMI, FL 33156**

7. Name and Address of New Registered Agent
 Name
Nancy Font
 Street Address (P.O. Box Number is Not Acceptable)
4110 W. 19 AVE
 City
Hialeah FL Zip Code
33012

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 *Nancy Font* - Nancy Font DATE **3/27/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMAY, OMAR 1520 NW 79 AVE MIAMI, FL 331261104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ESPINO, HERB 13001 NW 107TH AVE HIALEAH, FL 330181104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOLDANO, MARCELO 1520 NW 79 AVE MIAMI, FL 331261104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wukovits, Ken 13117 NW 107 # 14E Hialeah Gardens Fl 33018	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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: *[Signature]* DATE: **3/27/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR