


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000008260 1. Entity Name MACO COMMERCE CENTER, CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 12901 N OKEECHOBEE RD #F11 HIALEAH, FL 33018 US	Mailing Address PO BOX 126605 HIALEAH, FL 33012 US
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0575402	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FONT, NANCY
 4110 W 19 AVE
 HIALEAH, FL 33012**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee Is \$61.25
 Due by May 1, 2008**

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

000000925489
 05/20/08-80028-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMAY, OMAR 1520 NW 79 AVE MIAMI, FL 331261104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ESPINO, HERB 13001 NW 107TH AVE HIALEAH, FL 330181104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOLDANO, MARCELO 1520 NW 79 AVE MIAMI, FL 331261104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WUKOVITS, KEN 13117 NW 107 #14E HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **04/24/08** **(305) 592-4141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #