2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000006011

1. Entity Name
MACO INDUSTRIAL CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4700 NW 132ND STREET	4700 NW 132ND STREET
MIAMI, FL 33054	MIAMI, FL 33054

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

01262006   Chg-NP   CR2E037 (11/05)

Zip	Country	Zip	Country	4. FEI Number 20-4528360	Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITEBOOK, DANIEL S 4700 NW 132ND STREET MIAMI, FL 33054	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL _____ Zip Code

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 _____

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

Filing Fee is $61.25 **Due by May 1, 2006**	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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: WHITEBOOK, DANIEL S STREET ADDRESS: 4700 NW 132ND STREET CITY-ST-ZIP: MIAMI, FL 33054		☐ Delete	TITLE: PRESIDENT/Director NAME: STREET ADDRESS: CITY-ST-ZIP:		☒ Change ☐ Addition
TITLE: D NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Delete	TITLE: D/VP NAME: MARTINEZ, CARLOS A. STREET ADDRESS: 3809 NW 125TH Street CITY-ST-ZIP: OPA LOCKA, FL 33054		☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Delete	TITLE: D/TRES/SEC. NAME: MARTINEZ, JORGE A. STREET ADDRESS: 3809 NW 125TH Street CITY-ST-ZIP: OPA LOCKA, FL 33054		☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		☐ Change ☐ 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: _____   4/12/06   305-685-7617

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