

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000073478

Entity Name: MACHADO'S & SON, INC.

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1616 ROBERT AVE.  
LEHIGH ACRES, FL 33972

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 817  
LEHIGH ACRES, FL 33972

**New Mailing Address:**

PO BOX 817  
LEHIGH ACRES, FL 33970

FEI Number: 65-1024395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEETSCREEK, DAVID D  
1251 TAYLOR LANE EXTENSION  
5C  
LEHIGH ACRES, FL 33936 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MACHADO, IDA  
Address: 1616 ROBERT AVE.  
City-St-Zip: LEHIGH ACRES, FL 33972

Title: SD  
Name: MACHADO, IDA  
Address: 1616 ROBERT AVE.  
City-St-Zip: LEHIGH ACRES, FL 33972

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: IDA MACHADO

PD

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date