
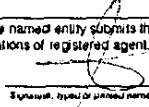



**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000086359			
1. Entity Name MAECO, INC.			
Principal Place of Business 1101 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131		Mailing Address 1101 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131	
2. Principal Place of Business <i>NO SE 27RD # 7D</i>		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc. <i># 7D</i>		Suite, Apt. #, etc. <i>Same</i>	
City & State <i>MIAMI FL</i>		City & State <i>Same</i>	
Zip <i>33129</i>		Country	
4. FEI Number 65-1038703		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.76 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTOCARRERO, ANDRES F 1101 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131		7. Name and Address of New Registered Agent 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 		DATE	
NOTE: Registered Agent signature required when creating.		NOTE: Registered Agent signature required when creating.	
FILE NOW!!! FEES \$150.00. After May 1, 2003 Fee will be \$550.00. Make Check Payable to Florida Department of State.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORTOCARRERO, ANDRES FRANCO 1101 BRICKELL AVENUE SUITE 1100 MIAMI, FL 33131 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(1), 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 507, 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: 		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

11040939



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)