2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2004
Secretary of State

DOCUMENT# P00000109596

Entity Name: MACO UNIQUE AFFAIRS, INC.

Current Principal Place of Business:

11020 SW 172 TERR
MAIMI, FL 33157

New Principal Place of Business:

P.O. BOX 972372
MIAMI, FL 33197

Current Mailing Address:

P.O. BOX 972372
MIAMI, FL 33197

New Mailing Address:

FEI Number: 65-1062813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAREY, OLIVIA A
11020 SW 172 TERR
MAIMI, FL 33157 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CAREY, OLIVA A
Address: 11020 SW 172 TERR
City-St-Zip: MAIMI, FL 33157

Title: CEO ( ) Delete
Name: CAREY, OLIVA A
Address: 11020 SW 172 TERR
City-St-Zip: MAIMI, FL 33157

Title: DV ( ) Delete
Name: CAREY, MCDONALD
Address: 11020 SW 172 TERR
City-St-Zip: MAIMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CAREY, OLIVA A
Address: 11020 SW 172 TERR
City-St-Zip: MIAMI, FL 33157

Title: CEO (X) Change ( ) Addition
Name: CAREY, OLIVA A
Address: 11020 SW 172 TERR
City-St-Zip: MIAMI, FL 33157

Title: DV (X) Change ( ) Addition
Name: CAREY, MCDONALD
Address: 11020 SW 172 TERR
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: OLIVIA A. CAREY MS. 04/18/2004

Electronic Signature of Signing Officer or Director — Date