



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90011 004 ***550.00

DOCUMENT # P01000005866 1. Entity Name MACRO CONSULTING ENGINEERS INC.					
Principal Place of Business 19450 ROYAL BIRKDALE DR HIALEAH, FL 33015			Mailing Address 19450 ROYAL BIRKDALE DR HIALEAH, FL 33015		
2. Principal Place of Business 16711 Collins Ave Suite, Apt. #, etc. 2701		3. Mailing Address 8758 SW 8 St Suite, Apt. #, etc.			
City & State Sunny Isles F		City & State Miami F		4. FEI Number 65-1080456	
Zip 33160		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARENCIBIA, ERIC 19450 ROYAL BIRKDALE DR HIALEAH, FL 33015				7. Name and Address of New Registered Agent Name Gemma Arencibia Street Address (P.O. Box Number is Not Acceptable) 16711 Collins Ave, # 2701 City Sunny Isles FL Zip Code 33160	
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 Gemma Arencibia DATE 8/27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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	D ARENCIBIA, ERIC 19450 ROYAL BIRKDALE DR. MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	16711 Collins Ave, # 2701 Sunny Isles, F 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARENCIBIA, GEMMA 19450 ROYAL BIRKDALE DR. MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	16711 Collins Ave, # 2701 Sunny Isles, F 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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	<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)(i), 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 607, 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: Gemma Arencibia <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8/27/04 <small>Date</small>	