

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

04 OCT - 1 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66432215

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000014845
1. Entity Name Mac Law Services Corp

DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 10400 Northwest 21 street		3. Mailing Address Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33172	Country Dade	Zip	Country

4. FEI Number 65-1077146	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name Fernand Lamothe	
		Street Address (P.O. Box Number is Not Acceptable) 10400 Northwest 21 street	
		City Miami	Zip Code 33172

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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
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10. OFFICERS AND DIRECTORS				11.	
TITLE President	NAME Luc Peron	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	300041571753 0/04/04--01043--012 **150.00	
STREET ADDRESS CITY-ST-ZIP	3 rue de la Janaie Saint-Malo, France 35400	STREET ADDRESS CITY-ST-ZIP			
TITLE Vice President	NAME Marison Francisca	TITLE NAME	STREET ADDRESS CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP	10400 Northwest 21 street Miami, Florida, 33172	STREET ADDRESS CITY-ST-ZIP			
TITLE Secretary	NAME Fernand Lamothe	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP	10400 Northwest 21 street Miami, Florida-33172	STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		TITLE NAME	STREET ADDRESS CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		TITLE NAME	STREET ADDRESS CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			

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 on an attachment with an address, with all other like empowered.			
SIGNATURE 	Marison Francisca	8/9/2004	786-235-0473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

Attachment

292
66432215
#P01000014845

**DART AVIATION AMERICA
10400 NORTHWEST 21 STREET
MIAMI, FLORIDA 33172**

Hollywood, August 09, 2004

**Florida Department of state
Annual Report Filings
Division of Corporations
P.O Box 6327
Tallahassee, FL 32314**

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

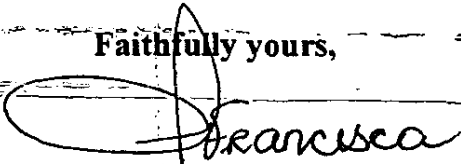
**Re DART AVIATION AMERICA
FEI# 65-1077146**

Dear Sir or Madam:

I request the abatement of the penalty and late filing fees charged to the above mentioned corporation's account. My request is motivated by the fact that I did not receive the 2004 Uniform Business Report. We have moved and changed the administration.

I appreciate your cooperation.

Faithfully yours,



MARISON FRANCISCA