


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P01000037442	
<b>1. Entity Name</b> MACO ENTERPRISES USA INC.	

<b>Principal Place of Business</b> 14032 SW 66TH TERRACE MIAMI, FL 33183	<b>Mailing Address</b> 14032 SW 66TH TERRACE MIAMI, FL 33183
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04062004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 65-1096580	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  CORTES, MAURICIO A S 14032 SW 66TH TERRACE MIAMI, FL 33183
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**DO NOT WRITE IN THIS SPACE**

**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** \_\_\_\_\_ (Type or print name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000115351</b> <b>04/16/04-80020-023 150.00</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	PD CORTES, MAURICIO A 14032 SW 66TH TERRACE MIAMI, FL 33183
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	VD CARDONA, PILAR 14032 SW 66TH TERRACE MIAMI, FL 33183
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	
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<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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.

<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4/6/04</b> <b>786-336-0011</b> <small>Date Daytime Phone #</small>
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