


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**



1st MOORE CR2E034 (10/06)

<b>DOCUMENT # P01000095906</b>					
1. Entity Name <b>MACARTNEY &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>11921 W. RIDGEVIEW DR. DAVIE FL 33330</b>			Mailing Address <b>P.O. BOX 260610 PEMBROKE PINES FL 33026</b>		
2. Principal Place of Business - No P.O. Box # <b>11921 W. RIDGEVIEW DR.</b>			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>DAVIE FL.</b>			City & State		
Zip <b>33330</b>		Country <b>FLORIDA</b>		4. FEI Number <b>65-1142496</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MARRERO, ARTURO 11921 W RIDGEVIEW DR FORT LAUDERDALE FL 33330</b>				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 _____ (NOTE: Registered Agent's signature required when reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May 2</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY ST ZIP	TITLE	NAME
PD	MARRERO, ARTURO	11921 W. RIDGEVIEW DR.	DAVIE FL 33330		
SDV	CARRASCO, GABRIEL	10456 CANTERBURY COURT	DAVIE FL 33328		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** \_\_\_\_\_ **1/30/07** **954-915-02PI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #