2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2005 08:00 AM DOCUMENT # P02000000745 **Secretary of State** 1. Entity Name MAC AUTO AND DIESEL, INC. Mailing Address Principal Place of Business P.O BOX 450482 1429 RIDGE STREET KISSIMMEE FL 34744 KISSIMMEE FL 34745 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 75-2993658 Not Applicab! Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ACEVEDO, MARTHA Street Address (P.O. Box Number is Not Acceptable) 6551 BETH ROAD ORLANDO FL 32824-8978 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. VP ☐ Change ☐ Addition HUL ☐ Delete 41111 CRUZ, JR, MIGUEL A NAME NAME U00000245356 STREET ADDRESS 6551 BETH ROAD STREET ADDRESS 02/28/05-80017-018 150.00 ORLANDO FL 32824 CITY-ST-ZIP CHY-SI-70F ☐ Change ☐ Addition 11111 ☐ Delete NAME ACEVEDO, MARTHA NAME 6551 BETH ROAD STREET ADDRESS CORRECT ADDRESS ORLANDO FL 32824 CHY-ST-ZIP CHY-SI ZIP ☐ Change Addition Delete Hitti NAME STREET ADDRESS STREET ADORESS CITY ST-DP CITY-SI-7IP Change ☐ Addition ☐ Delete THE NAME STREET AUDRESS STREET AUDRESS CHY-ST-78 CHY-SI-ZIP ☐ Change ☐ Addition ☐ Delete HHE BHE NAME NAM STREET LACOURESS STRFT 和助性SS CHY-ST-7IP CHY SE 7P ☐ Change ☐ Addition ☐ Delete iiīLŁ nlo NAME NAME STREET ADDRESS STREET ADDRESS

CHY-ST-ZIP

12. Thereby 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 poort or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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

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SIGNATU

changed, or on/an attachment with an address

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