2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 28, 2005 08:00 AM Secretary of State DOCUMENT # P02000001469 1. Entity Name MAC INTERNATIONAL BUSINESS SERVICES, INC. Principal Place of Business Mailing Address 21664 BERWHICH RUN ESTERO FL 33928 21664 BERWHICH RUN ESTERO FL 33928 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number City & State City & State 90-0001594 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANDRADE, MONICA D Street Address (P.O. Box Number is Not Acceptable) 21664 BERWHICH RUN ESTERO FL 33928 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 DATE (NOTE Registered Agent signature required when reinstating) Signature, typed of printed name of registered agent and title if applicable 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 10. 11. Addition Change PD Delete DITLE TITLE U00000340073 ANDRADE, MONICA D NAME NAME 04/28/05-80102-005 150.00 21664 BERWHICH RUN STREET ADDRESS STREET ADDRESS ESTERO FL 33928 CITY-ST-ZIP CITY-ST-ZIF Change Addition HILE ☐ Delete NAME ANDRADE, JULIO A 21664 BERWHICH RUN STREET ADDRESS STREET ADDRESS CITY ST-ZIP ESTERO FL 33928 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME CISNEROS, CRISTOBAL STREET ADDRESS STREET ADDRESS 8861 COLONNADES CT. W 231 CITY-ST-7/P CUTY-ST-71P BONITA SPRINGS FL 34135 ☐ Addition ☐ Delete THE Change billi GABELA, LUIS O NAME NAME 3335 TIMBERWOOD CIRCLE STREET ADDRESS STREET ADDRESS NAPLES FL 34105 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition niti NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-7IP 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 supplier that I am an officer or director of the corporation or the receiver or supplier 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:

AND TYPED OR SHINTED NAME OF SIGNING OFFICER OR DIRECTOR

UICE PRESIDENT

04/25/05

FILED

239-287-1568