2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# P02000050475

Entity Name: MACH ENTERPRISES, INC.

Current Principal Place of Business:

P.O. BOX 453346
KISSIMMEE, FL 34745 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 453346
KISSIMMEE, FL 34745 US

New Mailing Address:

FEI Number: 47-0859790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABALLER, LUIS D
3936 S. SEMORAN BLVD
472
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHICHALOF, MARIO
Address: P.O. BOX 453346
City-St-Zip: KISSIMMEE, FL 34745 US

Title: S ( ) Delete
Name: CHICHALOF, LAURA
Address: P.O. BOX 453346
City-St-Zip: KISSIMMEE, FL 34745 US

Title: D ( ) Delete
Name: CABALLER, LUIS D
Address: 3936 SOUTH SEMORAN BLVD, #472
City-St-Zip: ORLANDO, FL 32822

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD ( ) Change (X) Addition
Name: LOACES, MARILYN
Address: P.O.BOX 22287
City-St-Zip: LAKE BUENA VISTA, FL 32830

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO CHICHALOF P 05/01/2005

Electronic Signature of Signing Officer or Director — Date