## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 25, 2007 08:00 AN **DOCUMENT # P02000067736 Secretary of State** 1. Entity Name MAKRO CORP. Principal Place of Business Mailing Address 17491 NE 5TH AVENUE 17491 NE 5TH AVENUE NORTH MIAMI BEACH, FL 33162 NORTH MIAMI BEACH, FL 33162 CR2E034 (11/05) 01162007 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 35-2171659 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PIMENTA, AZOR J DO NOT WRITE 17491 NE 5TH AVENUE NORTH MIAMI BEACH, FL 33162 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. Signature, lyped or printed name (NOTE, Registered Agent signature required when reinstating) agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS D TITLE PIMENTA, AZOR J NAME STREET ADDRESS 17491 NE 5TH AVE. CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162 00/26/07-80106-001 163.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 approach, with all other like empowered.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE:= Daytime Phone # TED NAME OF SIGNING OFFICER OR DIRECTOR