

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90088 039 ***150.00

DOCUMENT # P02000099418

1. Entity Name

MAC ENTERPRISES OF SOUTH FLORIDA, INC.



Principal Place of Business

65 NE 209TH TERRACE
MIAMI FL 33179

Mailing Address

65 NE 209TH TERRACE
MIAMI FL 33179

2. Principal Place of Business

17640 N.W. 77th CT.
Suite, Apt. #, etc.

3. Mailing Address

17640 N.W. 77th CT.
Suite, Apt. #, etc.

City & State

Hialeah Florida
Zip 33015 Country Dade

City & State

Hialeah Florida
Zip 33015 Country Dade

4. FEI Number

22-3873551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELVECCHIO, MELANIE
65 NE 209TH TERRACE
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name Carl Holley

Street Address (P.O. Box Number is Not Acceptable)

17640 N.W. 77th CT.

City Hialeah Fla.

FL

Zip Code

33015

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

Carl Holley (President)

2-13-06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating).

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☒ Delete
NAME DELVECCHIO, MELANIE
STREET ADDRESS 65 NE 209TH TERRACE
CITY-ST-ZIP MIAMI FL 33015

TITLE VSD ☒ Delete
NAME HOLLEY, CARL
STREET ADDRESS 65 NE 209TH TERRACE
CITY-ST-ZIP MIAMI FL 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME P Holley Carl
STREET ADDRESS 17640 N.W. 77th CT.
CITY-ST-ZIP Hialeah FL 33015

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Carl Holley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-06 305-216-7014

Date

Daytime Phone #