


FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90370 045 ***150.00

FROM : MARQUINA Y ASOC;SC
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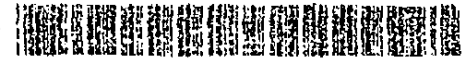
PHONE NO. :
 3054441742;

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000101187	
1. Entity Name MACMA CORPORATION	

44042256

Principal Place of Business 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134	Mailing Address 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE

02122004 No Cng-P CF2004 (10/03)

4. FEI Number 41-2081418	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESQ.
 901 PONCE DE LEON BLVD.
 SUITE 603
 CORAL GABLES, FL 33134

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 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when required.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$250.00	b. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MORAN, JOSE M 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES, FL 33134
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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption status in Section 215.03(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature and name shall be subject as if made under penalty of perjury by an officer or director of the corporation or the receiver or trustee, or empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 10 or Block 11 changed, or on an attachment with an address, just as it otherwise appears.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR RECEIVER