

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90238 047 ***150.00

DOCUMENT # P02000114519

1. Entity Name
MACHIN PROPERTY INVESTMENTS, INC.



Principal Place of Business
~~5025 SW 130TH TERRACE~~
~~MIRAMAR, FL 33027~~

Mailing Address
5025 SW 130TH TERRACE
MIRAMAR, FL 33027

2. Principal Place of Business
12612 N.W.S. River Dr.
 Suite, Apt. #, etc.

3. Mailing Address
12612 N.W.S. River Dr.
 Suite, Apt. #, etc.

City & State
Medley, FL 33178
 Country
U.S.A

City & State
Medley, FL 33178
 Country
U.S.A



02242005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
MACHIN-PLANAS, MARIA E
5025 SW 130TH TERRACE
MIRAMAR, FL 33027

4. FEI Number
13-4218064

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** 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 *[Signature]* DATE **2/24/05**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACHIN, DIEGO M JR 5025 SW 130TH TERRACE 12612 N.W.S. River Dr. MIRAMAR, FL 33027 Medley, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACHIN, DIEGO SR 8241 NW 194TH TERRACE MIAMI, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add'tion

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 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: *[Signature]* DATE **2/24/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR