


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90003 034 ***150.00

DOCUMENT # P02000116786		
1. Entity Name MACRO HARD USA, CORP.		

Principal Place of Business PO BOX 667976 MIAMI, FL 33166	Mailing Address PO BOX 667976 MIAMI, FL 33166
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2. Principal Place of Business 1801 NW 111TH AVE	3. Mailing Address 1801 NW 111TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PEMBROKE PINES / FL	City & State PEMBROKE PINES / FL
Zip 33166	Zip 33166
Country USA	Country USA



03022004 Chg-P CR2E034 (10/03)

4. FEI Number 72-1538277	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 GALVEZ, CARLOS M 1801 NW 111TH AVE PEMBROKE PINES, FL 33026		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PTD GALVEZ, CARLOS M PO BOX 667976 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GALVEZ, CARLOS M. 1801 NW 111TH AVE PEMBROKE PINES, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PARRA, MARCO A PO BOX 667976 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PARRA, MARCO A. 1801 NW 111TH AVE PEMBROKE PINES, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Addition

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 to an address, with all other like empowered.

SIGNATURE:  **CARLOS M. GALVEZ** 03/02/04 (954) 326-9793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #