2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State
02-02-2007 90011 036 ***150.00

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1. Entity Name
MACAN INVESTMENT, CORP.

Principal Place of Business	Mailing Address
11958 SW 72 TERRACE MIAMI FL 33183	11958 SW 72 TERRACE MIAMI FL 33183

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
12150 SW 132 CT.		12150 SW 132 CT.	
Suite, Apt. #, etc. #209-B		Suite, Apt. #, etc. #209-B	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33186	Country U.S.A.	Zip 33186	Country U.S.A.

4. FEI Number 81-0598327 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MACIAS, JUAN C PRES
11958 SW 72 TERRACE
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name JUAN C. MACIAS
Street Address (P.O. Box Number is Not Acceptable) 12150 SW 132 CT. #209-B
City MIAMI FL Zip Code 33186

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] 2/20/07
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, 2007 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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MACIAS, JUAN C 11958 SW 72 TERRACE MIAMI FL 33183	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 all address, with all other like empowered.

SIGNATURE: [signature] 2/20/07 (305) 279-6442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #