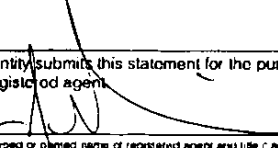
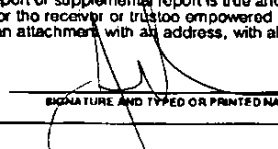


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-02-2007 90011 036 ***150.00

DOCUMENT # P03000020640 1. Entity Name MACAN INVESTMENT, CORP.					
Principal Place of Business 11958 SW 72 TERRACE MIAMI FL 33183				Mailing Address 11958 SW 72 TERRACE MIAMI FL 33183	
2. Principal Place of Business - No P.O. Box # 12150 SW 132 CT.		3. Mailing Address 12150 SW 132 CT.			
Suite, Apt. #, etc. #209-B		Suite, Apt. #, etc. #209-B			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA			
Zip 33186		Zip 33186		4. FEI Number 81-0598327	
Country U.S.A.		Country U.S.A.		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  DATE 2/20/07 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-stating)					
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		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			☐ Change ☐ Addition		
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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 an address, with all other like empowered.					
SIGNATURE: 			Date 2/20/07 Daytime Phone # (305) 279-6442		