## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 04, 2004 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P03000032902  1. Entity Name MAC GROUP INVESTMENT, INC.						05-04-2004 90	0136 039	***150.	00
Principal Place	e of Business	Mailing Address			1				
11685 NW 89TH P.L.		11685 NW 89TH PL.				4	14021	119	
HIALEAH GARDENS, FL 33018		HIALEAH GARDENS, FL 33018		1			14041	114	
						BBIBB (IIR BBRI BBIR BBI	F416 E 11173 11915		
2. Principal P	lace of Business	3. Mailing Address							
23 Timopai Figor of Eddinos		o. Maining / Marcos				MACAN IIII HAIN			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		,	04282004	Chg-P	CR2E034	1 (10/03)	
City & State		City & State			4. FEI Numbe	·		TAD	plied For
on, a didio		ony a bunc			30-		15/		t Applicable
Zip	Country	Zip	Cour	ntry	<u> </u>	of Status Desired		8.75 Add	
							F6	e Require	d 
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent Name					
BENITEZ, LEONOR				I Valifie					
11685 NW 89TH PL.				Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH (	GARDENS, FL 33018								
	45 · 1			City			FL	Zip Code	9
8. The above	named entity submits this statement	for the purpose of changing it	ts register	ed office or registe	red agent, or bot	h, in the State of Flo	rida. I am fai	niliar with,	and accept
the obligati	ions of registered agent.								
SIGNATURE_	Signalure, typed or printed name of registered age	ant and title if eacherthic AM	TG: Boorelow	ed Agent signature require	d whon represented		DATE		
<del>.</del>	Signatore, types or printess have or registered sign	en and me in applicable. (140	/rc. magister	A Agent signature require	d wrien remaiding/				
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Camp Trust Fund Cor	_		.00 May Be ded to Fees				
10. OFFICERS AND DIRECTORS			11.		ADDITIONS/	CHANGES TO OFF	CERS AND D	IRECTOR	S IN 11
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NAME *	BENITEZ, LEONOR		NA#	l l					
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12. hereby	certify that the information supplied w	vith this filing dpes not qualify f	or the exe	emption stated in Se	ection 119.07(3)(	), Florida Statutes.	further certif	y that the in	nformation
of the cor changed,	on this report or supplemental repor poration or the receiver or trustee en or on an attachment with an addres	rus true and accurate and that approvered to execute this repo s with all other like empowere	my signa rt as requ d.	iture shall have the ired by Chapter 60	same legal effec 7, Florida Statute	t as it made under one of that my name	oath; that I an e appears in i	an officer Block 10 o	or director Block 11 if