



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 -08:00 AM
Secretary of State

DOCUMENT # P03000111198	
1. Entity Name M.A.C. TRUCKING, CORP.	

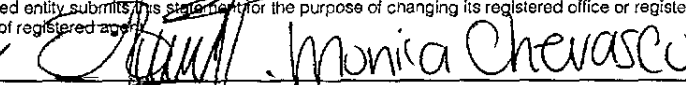
Principal Place of Business 4032 PINE RIDGE LN WESTON, FL 33331	Mailing Address 4032 PINE RIDGE LN WESTON, FL 33331
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DO NOT WRITE IN THIS SPACE

	
03042005	No Chg-P CR2ED34 (10/03)
4. FEI Number 20-0282321	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 CHEVASCO, MONICA A 4032 PINE RIDGE LN WESTON, FL 33331

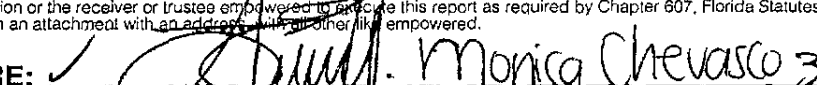
DO NOT WRITE IN THIS SPACE

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 3/3/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHEVASCO, MONICA A 4032 PINE RIDGE LN WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHEVASCO, JORGE MANAGER 4032 PINE RIDGE LN WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>1000000259565 03/11/05-80030-008 150.00</p> DO NOT WRITE IN THIS SPACE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 3/5/05 (954) 5495985 Daytime Phone #