

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90002 046 ***150.00

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**

50020379

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-0282321

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHEVASCO, MONICA A
4032 PINE RIDGE LN
WESTON, FL 33331**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 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
**P
CHEVASCO, MONICA A
4032 PINE RIDGE LN
WESTON, FL 33331** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHEVASCO, JORGE MANAGER
4032 PINE RIDGE LN
WESTON, FL 33331** ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

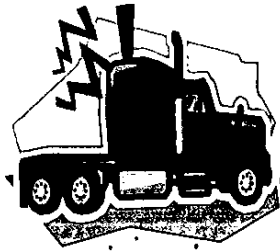
SIGNATURE:

Monica Chevasco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06 **(954) 549 5985**
Date Daytime Phone #

ATTACHMENT

50020379
#P0300011198



M.A.C. Trucking, Corp.

The best Trucking Services.

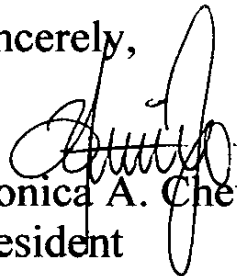
To Whom It May Concern:

This letter is to inform that we did not get the Annual Report Notice Card. Therefore, we need you to please waive the penalty of late fee. Please revise our records; we have always been on time for all our duties with our State. In this envelope we are sending the appropriate check and form to cover the cost of the annual report.

We really appreciate your help and the attention given to this matter.

In case of any further questions or concerns, please feel free to contact us at 954-549-5985.

Sincerely,


Monica A. Chevasco
President
M.A.C Trucking Corp.

Thank you for doing business with us!!