


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90220 042 ***150.00

| | |
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| DOCUMENT # P04000001800 |  |
| 1. Entity Name MAURO M MACHADO, INC. | |

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| Principal Place of Business 8836 BRENNAN CIR APT 308 TAMPA, FL 33615 | Mailing Address 8836 BRENNAN CIR APT 308 TAMPA, FL 33615 |
|--|--|

50052059



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|---|---|
| 2. Principal Place of Business 7902 HANLEY ROAD | 3. Mailing Address 7902 HANLEY ROAD |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

04192005 Chg-P CR2E034 (10/03)

| | |
|---------------------------------------|---------------------------------------|
| City & State TAMPA, FLORIDA | City & State TAMPA, FLORIDA |
| Zip 33634 | Country USA |
| Zip 33634 | Country USA |

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|---|--|
| 4. FEI Number 35-2219941 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MACHADO, MAURO M 8836 BRENNAN CIR APT 308 TAMPA, FL 33615 | |
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| 7. Name and Address of New Registered Agent | |
| 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: mauro matheus machado DATE: 05/05/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
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| 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 |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MACHADO, MAURO M 8836 BRENNAN CIR APT 308 TAMPA, FL 33615 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7902 HANLEY ROAD TAMPA, FLORIDA 33634 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Mauro matheus machado DATE: 05/05/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT
#P04000001800
50052059

To: Division of Corporations
From: Mauro Machado 5/5/05
(813) 731-4566

I never received any
correspondence regarding my
2005 UDR.

Please accept this \$150 payment
without penalty.

Thank! Mauro