

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000001800

1. Entity Name
MAURO M MACHADO, INC.



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

05-13-2005 90220 042 ***150.00

50052059

Principal Place of Business 8836 BRENNAN CIR APT 308 TAMPA, FL 33615		Mailing Address 8836 BRENNAN CIR APT 308 TAMPA, FL 33615	
2. Principal Place of Business 7902 HANLEY ROAD Suite, Apt. #, etc.		3. Mailing Address 7902 HANLEY ROAD Suite, Apt. #, etc.	
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA	
Zip 33634	Country USA	Zip 33634	Country USA
6. Name and Address of Current Registered Agent MACHADO, MAURO M 8836 BRENNAN CIR APT 308 TAMPA, FL 33615		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 Motaue machado* 05/05/05
Signature, typed or printed name of registered agent and title if applicable. DATE

(NOTE: Registered Agent signature required when reinstating)

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			
TITLE: P NAME: MACHADO, MAURO M STREET ADDRESS: 8836 BRENNAN CIR APT 308 CITY-ST-ZIP: TAMPA, FL 33615		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> <div style="flex: 1; text-align: right;"> 7902 HANLEY ROAD TAMPA, FLORIDA 33634 </div> </div>	
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"/> Change <input type="checkbox"/> Addition	
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 Motaue machado* 05/05/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RECEIVED
#P04000001800
50052059

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

I never received any
correspondence regarding my
2005 UBR.

Please accept the \$150 payment
without penalty.

Thank you
Mauro