

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90257 049 ***150.00

DOCUMENT # P04000076199

1. Entity Name

MACOBI VILLAGE INC.



Principal Place of Business

**1310 NW 22ND AVENUE
DELRAY BEACH FL 33445**

Mailing Address

**1310 NW 22ND AVENUE
DELRAY BEACH FL 33445**

2. Principal Place of Business

3810 SABAL LAKES RD

Suite, Apt. #, etc.

3. Mailing Address

3810 SABAL LAKES RD.

Suite, Apt. #, etc.

City & State

Delray Beach FL

Zip

33445

Country

USA

City & State

Delray Beach, FL.

Zip

33445

Country

USA

4. FEI Number

20-1116044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MITCHELL, DARRYL G ESQ
7008 CHESAPEAKE CIRCLE
BOYNTON BEACH FL 33436**

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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MADER, JAMES	
STREET ADDRESS	1310 NW 22ND AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORBIERRE, PAUL	
STREET ADDRESS	1310 NW 22ND AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES MADER	
STREET ADDRESS	3810 SABAL LAKES ROAD	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	Vice-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL CORBIERRE	
STREET ADDRESS	7020 CHESAPEAKE CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

James Mader
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/05
Date

561-702-3327
Daytime Phone #