
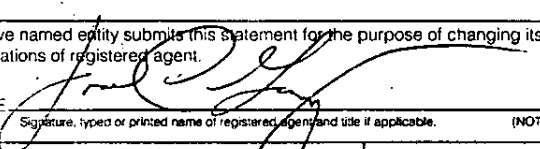
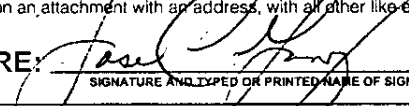


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90028 048 ***150.00

DOCUMENT # P04000117663 1. Entity Name MACALLAN INVESTMENTS, INC.					
Principal Place of Business 472 SW 87TH PLACE MIAMI, FL 33174			Mailing Address 472 SW 87TH PLACE MIAMI, FL 33174		
2. Principal Place of Business - No P.O. Box # 233 WEST 33TH STREET		3. Mailing Address 233 WEST 33TH STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HIALEAH, FLORIDA		City & State HIALEAH, FLORIDA		4. FEI Number 20-1487920	
Zip 33012		Country MIAMI DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALDONADO, LESLY M 472 SW 87TH PLACE MIAMI, FL 33174			7. Name and Address of New Registered Agent Name GONZALEZ, JOSE C Street Address (P.O. Box Number is Not Acceptable) 233 WEST 33TH STREET City HIALEAH FL Zip Code 33012		
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 				DATE 1/31/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D <input checked="" type="checkbox"/> Delete MALDONADO, LESLY M 472 SW 87TH PLACE MIAMI, FL 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST-GONZALEZ, JOSE C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 233 WEST 33TH STREET HIALEAH, FLORIDA 33012		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GONZALEZ, JOSE C 472 SW 87TH PLACE MIAMI, FL 33174	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		
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		
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 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: 			786-271-4801 1/31/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		