


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90030 004 ***150.00

DOCUMENT # P05000022001					
1. Entity Name MACA PROPERTIES, CORP.					
Principal Place of Business 10241 SW 58 STREET MIAMI, FL 33173			Mailing Address 10241 SW 58 STREET MIAMI, FL 33173		
2. Principal Place of Business - No P.O. Box # 880 N. BANANA RIVER DR.		3. Mailing Address 8000 S.W. 117 AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Penthouse G			
City & State Merritt Island, FL 32952		City & State MIAMI, FL		4. FEI Number 20-2354414	
Zip 32952		Country Brevard		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33183		Country DADE		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ZENTENO, MONICA 10241 SW 58 STREET MIAMI, FL 33173			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <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 ALBERRO, ORLANDO 10241 SW 58 STREET MIAMI, FL 33173		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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 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: _____			2-23-2007 305-467-8032		
Signature and Typed or Printed Name of Signing Officer or Director			Date Daytime Phone #		