2008 FOR PROFIT CORPORATION ANNUAL REPORT \* \* \*\*\*

## **DOCUMENT # P05000022001**

1. Entity Name

MACA PROPERTIES, CORP.



FILED Jan 07, 2008 08:00 A Secretary of State

Principal Place of Business

880 N. BANANA RIVER DR MERRITT ISLAND, FL 32952 Mailing Address

8000 SW 117 AVE PENTHOUSE G MIAMI, FL 33183



## DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 20-2354414
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZENTENO, MONICA 10241 SW 58 STREET MIAMI, FL 33173

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its re	gistered office	or re	gistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. {NOTE: Re	egistered Agent sig	neture r	equired when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib	_		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBERRO, ORLANDO 10241 SW 58 STREET MIAMI, FL 33173			U00008774122 01/07/08-80802-005 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZENTENO, MONICA 10241 SW 58 STREET MIAMI, FL 33173					01/191/100 000000 000 1001/01
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TIFLE NAME STREET ADDRESS						

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 accident 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 attachinent with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2008

305-467-8032

Daytime Phone #