


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000025609	
1. Entity Name MAC-ATTACK SERVICES, INC.	

Principal Place of Business 1610 NE 3RD CT BOYNTON BEACH, FL 33435	Mailing Address 1610 NE 3RD CT BOYNTON BEACH, FL 33435
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DO NOT WRITE IN THIS SPACE



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1023832	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RANDOLPH, MACALUSO G P
1610 NE 3RD CT
BOYNTON BEACH, FL 33435**

**DO NOT WRITE
IN THIS SPACE**

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, last and principal name of registered agent and filer (if applicable). (NOTE: Registered Agent signature required when renouncing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000622305
02/13/07-80021-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MACALUSO, RANDOLPH G 1610 NE 3RD CT BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V MACALUSO, JOSEPH 1610 NE 3RD CT BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V MACALUSO, RANDY JR 3576 ALADDIN AVE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Randy Macaluso SR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07 561-736-5975
Date Daytime Phone #