

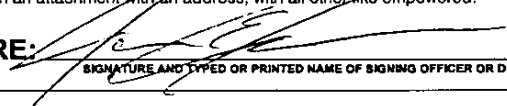


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90305 034 \*\*\*550.00

<b>DOCUMENT # P05000056223</b> 1. Entity Name <b>M.A.C. FLA ENTERPRISES, INC.</b>					
Principal Place of Business <b>858 HOLLYWOOD BLVD. HOLLYWOOD, FL 33019</b>			Mailing Address <b>858 HOLLYWOOD BLVD. HOLLYWOOD, FL 33019</b>		
2. Principal Place of Business <b>236 SW 21st Street, Apt A</b> Suite, Apt. #, etc.		3. Mailing Address <b>236 SW 21st Street</b> Suite, Apt. #, etc. <b>Apt # A</b>			
City & State <b>Ft. Lauderdale, FL</b> Zip <b>33315</b> Country <b>US</b>		City & State <b>Ft. Lauderdale, FL</b> Zip <b>33315</b> Country <b>US</b>		05022006 Chg-P CR2E034 (11/05)	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>COHEN, MATTHEW A 858 HOLLYWOOD BLVD. HOLLYWOOD, FL 33019</b>			7. Name and Address of New Registered Agent Name <b>Jason Eric Jones</b> Street Address (P.O. Box Number is Not Acceptable) <b>236 SW 21st Street, Apt # A</b> City <b>Ft. Lauderdale</b> <b>FL</b> Zip Code <b>33315</b>		
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 <b>5/3/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD COHEN, MATTHEW A 858 HOLLYWOOD BLVD. HOLLYWOOD, FL 33019</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD Jason Eric Jones 236 SW 21st Street, Apt A Ft. Lauderdale, FL 33315</b> <input checked="" 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	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>5/3/06</b> <small>Date Daytime Phone #</small>		