

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90063 002 ***150.00

DOCUMENT # P05000062399

1. Entity Name

CERMACH, INC.



Principal Place of Business

POST OFFICE BOX 141832
CORAL GABLES FL 33114
US

Mailing Address

POST OFFICE BOX 141832
CORAL GABLES FL 33114



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 20-2844572

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACHADO, CARLOS M
2030 DOUGLAS ROAD
SUITE 210
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name EMILIA C. MACHADO

Street Address (P.O. Box Number is Not Acceptable)

4800 RIVIERA DRIVE

City CORAL GABLES,

FL

Zip Code 33146

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 EMILIA C. MACHADO

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/S
NAME MACHADO, EMILIA C
STREET ADDRESS 4800 RIVIERA DRIVE
CITY ST ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE VP/T
NAME MACHADO, JULIO C
STREET ADDRESS 4800 RIVIERA DRIVE
CITY ST ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

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NAME
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CITY ST ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: EMILIA C. MACHADO, PRES.
CERMACH, INC.

1-30-07 305-666-0645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone