

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000085682**

1. Entity Name  
**MAC ACCESSORIES, INC**



Principal Place of Business  
**7062 S.W. 44TH STREET  
MIAMI, FL 33155 US**

Mailing Address  
**7040 SW 44 ST  
MIAMI, FL 33155 US**

**DO NOT WRITE IN THIS SPACE**



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3149522</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**MARINO, RAMON  
745 SW 35 AVE  
MIAMI, FL 33135**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COLLAZO, JOAQUIN JR 8345 SW 58TH STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COLLAZO, EDITH 8345 SW 58TH STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC COLLAZO, EDITH 8345 SW 58TH STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA COLLAZO, EDITH 8345 SW 58TH STREET MIAMI, US 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/09/08-80041-008 158.75

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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:**

*Edith Collazo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/20/08*  
Date

*305665-4525*  
Daytime Phone #