



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90207 014 ***150.00

DOCUMENT # P05000089632 1. Entity Name M.A.M.C. INCORPORATED			
Principal Place of Business 501 CONTINENTAL PLAZA 3250 MARY ST COCONUT GROVE, FL 33133		Mailing Address 501 CONTINENTAL PLAZA 3250 MARY ST COCONUT GROVE, FL 33133	
2. Principal Place of Business - No P.O. Box # 3250 Mary St. Suite, Apt. #, etc. Suite 402 City & State Coconut Grove, Fl. Zip 33133		3. Mailing Address 3250 Mary St. Suite, Apt. #, etc. Suite 402 City & State Coconut Grove, Fl. Zip 33133	
			
		04012008 Chg-P CR2E034 (12/06)	
		4. FEI Number 20-3042072	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BSPA CORPORATE SERVICES, INC. 350 E. LAS OLAS BLVD SUITE 1000 FT. LAUDERDAL, FL 33301		7. Name and Address of New Registered Agent Name Michael Goldberg Street Address (P.O. Box Number is Not Acceptable) 3250 Mary Street Suite Suite 402 City Coconut Grove FL Zip Code 33133	
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>		4/30/08 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD BERMAN, DANA J <input type="checkbox"/> Delete	TITLE	MGR Michael Goldberg (Receiver) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3250 MARY STREET, SUITE 501	NAME	3250 Mary Street Suite 402
STREET ADDRESS	COCONUT GROVE, FL 33133	STREET ADDRESS	Coconut Grove, Fl. 33133
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	
NAME	MORGAN, MITCHELL	NAME	
STREET ADDRESS	3250 MARY STREET, SUITE 501	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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>		4/30/08 <small>Date</small> <small>Daytime Phone #</small>	