2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 31, 2008 08:00 Al **Secretary of State DOCUMENT # P05000139241** 1. Entity Name MAC APPRAISAL SERVICES, INC. Principal Place of Business Mailing Address 2450 HOLLYWOOD BLVD 2851 NE 183RD ST., #609E AVENTURA, FL 33160 #405 HOLLYWOOD, FL 33020 02282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3617436 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MACHARE, JORGE A DO NOT WRITE 2851 NE 183RD ST. #609E IN THIS SPACE AVENTURA, FL 33160 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 na of registered abent and title if explicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 000000874950 04/11/08-80013-004 150.00 OFFICERS AND DIRECTORS 10. **PSTD** TITLE NAME MACHARE, JORGE A 2851 NE 183RD ST., #609E STREET ADDRESS AVENTURA, FL 33160 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE N THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CLTY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 officer with the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR NAME OF SIGNING OFFICER OR DIRECTOR

FILED