


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P05000146879	
1. Entity Name MACPIC, INC. DbA STUDIO 236	

Principal Place of Business 1810 S VOLUSIA AVE A ORANGE CITY, FL 32763	Mailing Address 1810 S VOLUSIA AVE A ORANGE CITY, FL 32763
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DO NOT WRITE IN THIS SPACE



02092008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3726590	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAVALIERE, ANGELINA
849 RAYSTON STREET
DELTONA, FL 32725

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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: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P,T	NAME CAVALIERE, ANGELINA
STREET ADDRESS 849 RAYSTON STREET	CITY-ST-ZIP DELTONA, FL 32725
TITLE VP,S	NAME CAVALIERE, GERARDO
STREET ADDRESS 849 RAYSTON STREET	CITY-ST-ZIP DELTONA, FL 32725
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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03/18/08-80008-007 150.00

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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: Angelina Cavaliere ANGELINA CAVALIERE, PRES 2-26-08 3868510999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #