


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90222 024 ***150.00

DOCUMENT # P05000165230	
1. Entity Name MA'CHEL INVESTMENT, INC.	

Principal Place of Business 4915 NW MANVILLE DRIVE PORT SAINT LUCIE, FL 34893	Mailing Address 4915 NW MANVILLE DRIVE PORT SAINT LUCIE, FL 34893
---	---

2. Principal Place of Business	3. Mailing Address 3093 N.W. 95 Ave Coral Springs FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Coral Springs	City & State Coral Springs
Zip 33065	Country United States

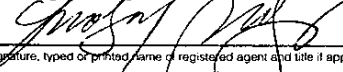


03152006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent MC FARLANE, RACHEL 4915 NW MANVILLE DRIVE PORT SAINT LUCIE, FL 34893	
--	--

7. Name and Address of New Registered Agent Name MAGUY MAJOR	
Street Address (P.O. Box Number is Not Acceptable) 3093 N.W. 95 Ave	
City Coral Springs	Zip Code FL 33065

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: **4/25/06**

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAJOR, MAJUY J 3093 NW 95TH AVENUE CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCFARLEINE, RACHEL 4915 NW MANVILLE DRIVE PORT SAINT LUCIE, FL 34893 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MC FARLANE RACHEL 4915 N.W. Manville Drive PORT SAINT LUCIE FL 34893 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAGUY MAJOR J 3093 N.W. 95 Ave Coral Springs FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **4/25/06** Daytime Phone #: **954-757-7585**

ATTACHMENT
40083953
PO500016523

4/25/04

To whom it may concern:

I would like to apply for a AA Certification
Please.

Thank you
mazy mfs