

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000002668

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: MAC ESTATE ANTELI INC

**Current Principal Place of Business:**

2673 SW ABEL ST  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

2673 SW ABEL ST  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

FEI Number: 20-4071959      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ACOSTA, ANTONIO J  
2673 SW ABEL ST.  
PORT SAINT LUCIE, FL 34953      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ACOSTA, ANTONIO J  
Address: 2673 SW ABEL ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP ( ) Delete  
Name: ACOSTA, ISABEL Y  
Address: 405 EAST 54 ST APT 10-0  
City-St-Zip: NEW YORK, NY 10022

Title: S ( ) Delete  
Name: ACOSTA, ELIZABETH  
Address: 2673 SW ABEL ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D ( ) Delete  
Name: ACOSTA, ADRIANA F  
Address: 1204 NE 4 TH AVE  
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete  
Name: ACOSTA, CATALINA D  
Address: 2783 NE SEWALL'S LANDING WAY  
City-St-Zip: JENSEN BEACH, FL 34957

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO ACOSTA

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date