2007 FOR PROFIT CORPORATION

FILED Feb 28, 2007 8:00 am Secretary of State

ANNUAL REPORT							Secretary of State					
DOCUMENT # P06000008606							02-28-2007	90011 0	13 ***150	.00		
1. Entity Name												
MACHTRAD INC												
Dringing Blace of Business			Mailine Address				40020014					
Principal Place of Business 4703 AINSDALE WALK			Mailing Address 4703 AINSDALE WALK									
KISSIMMEE, FL 34746			KISSIMMEE, FL 34746									
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2. Principal Place of Business - No P.O. Box #			3. Mailing Address			-						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02212007	Chg-P	CR2E	034 (12/06)		
City & State			City & State				4. FEI Number 20-85	5 8209			plied For Applicable	
Zip Country			Zip Ço		ountry			of Status Desired		\$8.75 Add	itional	
	6. Name and Address of	Current Regis	tered Agent	<u> </u>			7. Name and	Address of New	Registered			
DAGA MANUSTI					Name							
PAGA, MANUEL 4703 AINSDALE WALK KISSIMMEE, FL 32746				Street Addr	ess (P.O. Box Numbe	er is Not Acceptat	ole)				
(KIOOIIVIIVIE	12,12 32740											
					City				FL	Zip Code	9	
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 accelerate the obligations of registered agent.										and accept		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Age							when rainstating)	,	DATE			
	E 11014011 FFF 10 0455		9. Election Campa	ion Finar	ncina	\$5	.00 May Be					
After M	E NOW!!! FEE IS \$156 ay 1, 2007 Fee will be	\$550.00	Trust Fund Cont				led to Fees					
10. OFFICERS AN			D DIRECTORS 11.				ADDITIONS/	CHANGES TO O	FFICERS AN	D DIRECTORS	S IN 11	
DILE	PST Delete 1117									Change	Addition	
NAME STREET ADDRESS	PAGA, MANUEL 1703 AINSDALE WALK		NAM	NE EET ADDRESS								
CITY-SI-ZIP	KISSIMMEE, FL 34746				'-ST-ZIP							
TITLE .		☐ Delete TIT		TITE	£					Change	Addition	
NAME -	: NA				I .							
STREET ADDRESS CITY-ST-ZIP					EET AODRESS (-ST-ZIP							
TITLE			☐ Delete	TITL	E					☐ Change	☐ Addition	
NAME				NAM	i							
STREET ADDRESS CHTY-ST-ZIP					EET ADORESS (-ST-ZIP							
TITLE			☐ Delete	TITL						☐ Change	Addition	
NAME				NAM	AE						_	
STREET ADDRESS CITY-\$1-ZIP					EET ADDRESS 7-ST-ZIP							
TITLE		*****	☐ Delete	TITL			-		_	☐ Change	☐ Addition	
NAME				NAM	I .							
STREET ADDRESS					EET ADORESS							
CITY-SI-ZIP		<u> </u>	Delete	TITL	r-SI-ZIP					Change	☐ Addition	
NAME			T Detete	NAA							LJ AUGIGUN	
STREET ADDRESS					EET ADDRESS							
CITY-ST-ZIP				CITY	Y-\$1-ZUP							

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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 02-26-07 SIGNATURE: Daytime Phone #