


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90027 047 \*\*\*150.00

<b>DOCUMENT # P06000011095</b>	
1. Entity Name <b>MAKO FINANCIAL SERVICES, INC.</b>	

Principal Place of Business <b>1300 N.W. 167TH STREET SUITE 1 MIAMI GARDENS FL 33169</b>	Mailing Address <b>1300 N.W. 167TH STREET SUITE 1 MIAMI GARDENS FL 33169</b>
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2. Principal Place of Business - No P.O. Box # <b>1125 Satinleaf Street</b>	3. Mailing Address <b>1861 N. Federal Hwy.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Suite 114</b>

1st MOORE CR2E034 (10/06)

City & State <b>Hollywood, FL</b>	City & State <b>Hollywood, FL</b>
Zip <b>33019</b>	Zip <b>33020</b>
Country <b>U.S.A.</b>	Country <b>USA</b>

4. FEI Number <b>55-0914474</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KOTZEN, MATTHEW C 1300 N.W. 167TH STREET SUITE 1 MIAMI GARDENS FL 33169</b>	
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7. Name and Address of New Registered Agent Name <b>Matthew C. Kotzen</b> Street Address (P.O. Box Number is Not Acceptable) <b>1861 N. Federal Hwy, Suite 114</b> City <b>Hollywood</b> FL Zip Code <b>33020</b>	
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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  **Matthew C. Kotzen** 2/07/07  
Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>P KOTZEN, MATTHEW C 1300 N.W. 167TH STREET, SUITE 1 MIAMI GARDENS FL 33169</b> <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
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	<b>President Matthew C. Kotzen 1861 N. Federal Highway, Suite 114 Hollywood, FL 33020</b> <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
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 Section 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:  **Matthew C. Kotzen** 2/07/07 954/922-2889  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #