## 2007 FOR PROFIT CORPORÁTION ANNUAL REPORT

## **FILED** Apr 05, 2007 8:00 am Secretary of State

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1. Entity Nam	MENT # P06000052 MACHADO, INC	2600	E S		)			-	***150.00
Principal Plac	a of Business	Mailing Address		•	7			~~~	UH
21938 REMS	EN TERRACE	21938 RENSEN TERRA	CE		ŀ				
107		107							
BOCA RATON	l, FL 33433	BOCA RATON, FL 3343	33			ERRO CIM SERI DEM E			<b>1111</b> 11 11 11 11
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02172007	Chg-P	CR2E	034 (12/06)	Í
City & State	3	City & Stato			4. FEI Numbe	5-489	2287	·	pplied For
Zip	Country	Zıp	Country		5. Certificate	of Status Desired	ر <u>ه ب</u> 	\$8.75 Ad	
								Fee Require	ed
	6. Name and Address of Current	Registered Agent		lame	7. Name and	Address of New	Registered	Agent	
CALVAY, O	ORLANDO						_		
21938 RE	MSEN TERRACE			Street Address	(P.O. Box Number	er is Not Acceptat	ole)		
107 BOCA BAT	TON, FL 33433		<b>-</b>	· · · · · · · · · · · · · · · · · · ·		·			
BOCARA	TON, FE 33433		<u> </u>	***				17-0-	
			1	City			FL	Zip Cod	 Je
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	named entity submits this statement to ions of registered agent.	or the purpose of changing its	registered o	office or registe	ered agent, or bo	th, in the State of F	ilorida. Tam 37	lamiliar with	, and accept
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the obligat		elo		office or registe		th, in the State of F	Horida. I arr 3 -7-0 DATE	o familiar with	and accept
the obligat	sons of registered agent.  Softkie trood or printed name of registered agent.  E NOWILL FEE IS \$150.00	and stell applicable. (NOTE  9. Election Campai	Pegistered Age	ent signature require		h,' in the State of F	3 -7-0	o familiar with	and accept
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12. I horeby certify that the information supplied with this filling doos 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:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR BIRECTOR

Date

Date