

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90101 017 ***158.75

DOCUMENT # P06000071336			
1. Entity Name M.A.C. ESPANHOL SERVICE, INC.			
Principal Place of Business 1828 S.W. 23 TERRACE MIAMI FL 33145		Mailing Address 1828 S.W. 23 TERRACE MIAMI FL 33145	
2. Principal Place of Business - No P.O. Box # 2329 SW 17th Ave Suite, Apt. #, etc. MIA. FL 33145 City & State		3. Mailing Address 2329 SW 17th Ave Suite, Apt. #, etc. MIA City & State FL 33145	
Zip 33145	Country	Zip 33145	Country
4. FEI Number 57-1237103		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COSTA, MARCELO A 1828 S.W. 23 TERRACE MIAMI FL 33145			
7. Name and Address of New Registered Agent Name: MAYREL MARTIN VILLARES Street Address (P.O. Box Number is Not Acceptable): 2329 SW 17th Ave City: MIA FL Zip Code: 33145			
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:			
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME COSTA, MARCELO A STREET ADDRESS 1828 S.W. 23 TERRACE CITY - ST - ZIP MIAMI FL 33145	<input type="checkbox"/> Delete	TITLE D NAME MAYREL MARTIN VILLARES STREET ADDRESS 2329 SW 17th Ave CITY - ST - ZIP MIA. FL 33145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	