

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

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90196 006 ***150.00

DOCUMENT # **PO6000071336**

1. Entity Name

M A C ESPANOL SERVICE, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2329 SW 17 Ave

3. Mailing Address

2329 SW 17 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI-FL

4. EEI Number

571237103

Applied For

Not Applicable

Zip

33145

Country

Zip

33145

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

COSTA, MARCELO A.

Street Address (P.O. Box Number is Not Acceptable)

2329 SW 17 Ave

City

MIAMI-FL

FL

Zip Code

33145

**DO NOT WRITE
IN THIS SPACE**

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

(Signature)

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/08

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | | | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P COSTA, MARCELO A - 2329 SW 17 Ave MIAMI FL 33145 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MARTIN, MAYREL V. 2329 SW 17 Ave MIAMI FL 33145 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

(Signature)
MAYREL MARTIN VILLARES

Director

3/26/08

Date

**305
300-4169**

Daytime Phone #