

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000013413

Entity Name: MAC & NEWKID CO.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

11620 SW 183 ST
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

11620 SW 183 ST
MIAMI, FL 33157

New Mailing Address:

FEI Number: 77-0685733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRIDER, TAMARA
11620 SW 183 ST
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CRIDER, TAMARA
Address: 11620 SW 183 ST
City-St-Zip: MIAMI, FL 33157

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS () Change (X) Addition
Name: CRIDER, DONNA
Address: 11620 SW 183 ST
City-St-Zip: MIAMI, FL 33157

Title: DT () Change (X) Addition
Name: STERLING, WESLEY
Address: 11620 SW 183 ST
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMARA CRIDER

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date