


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90045 008 ***158.75

DOCUMENT # P07000020000					
1. Entity Name MAKACHY CORPORATION					
Principal Place of Business 1010 SW 86TH COURT MIAMI, FL 33144			Mailing Address 1010 SW 86TH COURT MIAMI, FL 33144		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
01082008				Chg-P	
CR2E034 (12/06)				Applied For	
Not Applicable				5. Certificate of Status Desired	
<input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DE CASTRO, ARTURO F 1010 SW 86TH COURT MIAMI, FL 33144			Name		
DE CASTRO, ARTURO F 1010 SW 86TH COURT MIAMI, FL 33144			Street Address (P.O. Box Number is Not Acceptable)		
DE CASTRO, ARTURO F 1010 SW 86TH COURT MIAMI, FL 33144			City		
DE CASTRO, ARTURO F 1010 SW 86TH COURT MIAMI, FL 33144			FL		
DE CASTRO, ARTURO F 1010 SW 86TH COURT MIAMI, FL 33144			Zip Code		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing			
Trust Fund Contribution.		<input type="checkbox"/>			
\$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME ARCEO CORCUERA, ALBERTO		TITLE NAME	NAME NAME	
STREET ADDRESS 1010 SW 86TH COURT	CITY-ST-ZIP MIAMI, FL 33144		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE SD	NAME ARCEO, LULU A		TITLE NAME	NAME NAME	
STREET ADDRESS 1010 SW 86TH COURT	CITY-ST-ZIP MIAMI, FL 33144		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE S	NAME ARCEO, ALBERTO ASST.		TITLE NAME	NAME NAME	
STREET ADDRESS 1010 SW 86TH COURT	CITY-ST-ZIP MIAMI, FL 33144		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE T	NAME ARCEO, ALEXANDRO ASST.		TITLE NAME	NAME NAME	
STREET ADDRESS 1010 SW 86TH COURT	CITY-ST-ZIP MIAMI, FL 33144		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE TD	NAME ARCEO, AMIRA DEL R.		TITLE NAME	NAME NAME	
STREET ADDRESS 1010 SW 86TH COURT	CITY-ST-ZIP MIAMI, FL 33144		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	NAME NAME		TITLE NAME	NAME NAME	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does 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: _____			01-10-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			305-261-0770		
Date			Daytime Phone #		