

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000091082

Entity Name: MAC INTERNATIONAL EXPORT, INC

FILED  
Feb 24, 2008  
Secretary of State

## Current Principal Place of Business:

2289 NE 42 AVE  
HOMESTEAD, FL 33033 US

## Current Mailing Address:

2289 NE 42 AVE  
HOMESTEAD, FL 33033 US

## New Principal Place of Business:

10065 NW 46 STREET  
204  
DORAL, FL 33178 US

## New Mailing Address:

10065 NW 46 STREET  
204  
DORAL, FL 33178 US

FEI Number: 26-0721311      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RODRIGUEZ, MAGALI  
1640 SE TIFFANY CLUB PLACE  
PORT ST. LUCIE, FL 34952 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: P ( ) Delete  
Name: CUBILLAN, JACKIE  
Address: 2289 NE 42 AVE  
City-St-Zip: HOMESTEAD, FL 33033 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CUBILLAN, JACKIE  
Address: 10065 NW 46 AVE APT 204  
City-St-Zip: DORAL, FL 33178 US

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: JACKIE CUBILLAN

P

02/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date