

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000089867

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** MAC INSURANCE CORPORATION

**Current Principal Place of Business:**

1000 N HIATUS RD  
165  
PEMBROKE PINES, FL 33026 US

**New Principal Place of Business:**

9710 STIRLING RD 109  
COOPER CITY, FL 33024 US

**Current Mailing Address:**

10203 CARACAS ST  
COOPER CITY, FL 33026 US

**New Mailing Address:**

**FEI Number:** 27-1232159      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALJURE, ANAMARIA  
10203 CARACAS ST  
COOPER CITY, FL 33026 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ALJURE, ANAMARIA  
Address: 10203 CARACAS ST  
City-St-Zip: COOPER CITY, FL 33026 US

I hereby 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 all other like empowered.

SIGNATURE: ANAMARIA ALJURE

P

05/01/2011

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

\_\_\_\_\_  
Date