

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90209 045 ***158.75

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01142005 Chg-P CR2E034 (10/03)

4. FEI Number **65-0670632** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PADRO, JOSE F CPA
C/O ROSILLO, PADRO & ASSOC. LLP
8600 NW 53RD TERRACE, STE 201
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name **Jose F. Padro**
Street Address (P.O. Box Number is Not Acceptable)
8325 NW 53 Street, Ste 102
City **Miami** FL Zip Code **33166**

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 *Jose F. Padro*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MOLTO, ANTONIO V	
STREET ADDRESS	AZORIN 18	
CITY-ST-ZIP	ALICANTE, SPAIN,	
TITLE	S	<input type="checkbox"/> Delete
NAME	VALLIS T., VICENTE L.	
STREET ADDRESS	R.M. NUNEZ 12	
CITY-ST-ZIP	ALICANTE, SPAIN,	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOLTO, JOSE N	
STREET ADDRESS	AZORIN 18	
CITY-ST-ZIP	ALICANTE, SPAIN,	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MOLTO, PEDRO V	
STREET ADDRESS	AZORIN 18	
CITY-ST-ZIP	ALICANTE, SPAIN,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Molto, Jose N.	
STREET ADDRESS	Azorin 18, IBI	
CITY-ST-ZIP	Alicante, Spain	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Molto, Pedro V.	
STREET ADDRESS	Azorin 18, IBI	
CITY-ST-ZIP	Alicante, Spain	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like amendments.

SIGNATURE:

P.P.

MAC MOLTO USA, INC.

4/18/05
Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #