2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 🚄

Apr 18, 2005 8:00 am Secretary of State DOCUMENT # P96000042295 04-18-2005 90320 021 ***150.00 MAC-PRODUCTS, INC. Principal Place of Business Mailing Address UUUUITUU 15841 PINES BLVD SUITE 308 15841 PINES BLVD SUITE 308 PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027 2. Principal Place of Business 3. Mailing Address 1406 S.W. 15974 Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. 04142005 CR2E034 (10/03) City & State 4. FEI Number Applied For Not Applicable 59-3389817 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'Connor, SCOTT A Street Address (P.O. Box Number is Not Acceptable) O'CONNOR, SCOTT A 8388 NW 70TH ST -MIAMI, FL 33166 8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered age Scott A. O'Connor, Chairman (NOTE: Registered Ac 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Delete Chairman _ . Change TITLE ___ Addition TITLE O'connor, Scott A. O'CONNOR, SCOTT A. NAME د نبر**يغ**و . 1406 S.W. 15974 Ave. 15841 PINES BLVD SUITE 308 STREET ADDRESS STREET ADDRESS PEMBROKE PINES, FL 33027 Pembroke Pines, FL CITY-ST-ZIP CITY-ST-ZIP 3302 F Delete Change ☐ Addition O'connor, Marybeth 1406 S.W. 159 th Ave. O'CONNOR, MARYBETH NAME NAME STREET ADDRESS 15841 PINES BLVD SUITE 308 STREET ADDRESS PEMBROKE PINES, FL 33027 CITY-ST-ZIP CITY-ST-ZIP Pembroke Pines FL TITLE Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a part of the property Scott A. O'Coppor, Chairman

FILED