

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90124 049 \*\*\*150.00

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DOCUMENT # **P97000015191**

1. Entity Name  
**MACHADO GOLDEN EAGLE, INC.**



Principal Place of Business  
**600 PALM AVE  
STE A  
HIALEAH FL 33010  
US**

Mailing Address  
**PO BOX 161387  
HIALEAH FL 33016  
US**



2. Principal Place of Business  
**6465 W 24 ave**

3. Mailing Address

Suite, Apt. #, etc.  
**apt 101**

Suite, Apt. #, etc.

City & State  
**Hialeah FL**

City & State

4. FEI Number  
**65-0739477**

Applied For  
 Not Applicable

Zip  
**33016**

Country  
**USA**

Zip  
Country

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**MACHADO, LUIS  
600 PALM AVE  
STE A  
HIALEAH FL 33010**

**7. Name and Address of New Registered Agent**

Name  
**LUIS MACHADO**

Street Address (P.O. Box Number is Not Acceptable)  
**10273 NW 80 ct Suite 102**

City  
**HIALEAH GARDENS FL** Zip Code  
**33016**

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 **LUIS MACHADO / PARTNER.**

DATE **4/15/03**

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, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D. MACHADO, CEFERINO</b>	<b>600 PALM AVE STE A</b>	<b>HIALEAH FL 33010</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>6465 W 24 ave #101</b>	<b>HIALEAH, FL 33016</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 empowered.

SIGNATURE: **[Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/15/03** Daytime Phone # **305-823-3030**

CR2E034 (10/02)