2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2005 08:00 AM Secretary of State

DOCUMENT # P970008163 1. Entity Name MAC-I CONSTRUCTION CORP.	38		Secretary	y of State
1257 W 78 TERRACE	Mailing Address 1257 W 78 TERRACE HIALEAH, FL 33014			E MORE DOMOTER OF HOUR
DO NOT WRITE I		E		
6. Name and Address of Current Region CONSUEGRA, MIGUEL A 1257 W 78 TERRACE HIALEAH, FL 33014	stered Agent	· ·	DO NOT WRITE IN THIS SPACE	
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, typed or printed name of registered agent and file if applicable (NOTE Registered Agent signature required when renstating). DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Financir Trust Fund Contribution.		OO May Be d to Fees	
10. OFFICERS AND DIRE TITLE D CONSUEGRA, MIGUEL A STREET ADDRESS -1257 W 78 TERRACE CITY-ST-ZIP HIALEAH, FL 33014 TITLE	CTORS		U00000292124 03/31/05-80031-010	150.00
NAME STREET ADDRESS CITY-ST-ZIP		- a		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST- ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			All	
12. I hereby certify that the information supplied with this indicated on this report or supplemental reports frue of the corporation or the receiver or trysting empowere changed, or on an attachment with a supplemental transfer at the supplemental tr	iling does not qualify for the exemple and accurate and that my signature d to execute this report as required If other like empowered.	tion stated in Sec e shall have the sa I by Chapter 607,	tion 119.07(3)(i), Florida Statutes. I further certify that ume legal effect as if made under oath; that I am an o Florida Statutes, and that my name appears in Block	the information officer or director 10 or Block 11 if
SIGNATURE: SIGNATURE AND TYPED OR PRINTER	Miquel Con SUS NAME OF SIGNING OFFICER OR DIRECTOR	gra	03-18/05 (805) 55 (8-6/2F