


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000081638</b> 1. Entity Name <b>MAC-I CONSTRUCTION CORP.</b>	
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Principal Place of Business <b>1257 W 78 TERRACE HIALEAH, FL 33014</b>	Mailing Address <b>1257 W 78 TERRACE HIALEAH, FL 33014</b>
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**DO NOT WRITE IN THIS SPACE**



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0787281</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CONSUEGRA, MIGUEL A  
1257 W 78 TERRACE  
HIALEAH, FL 33014**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CONSUEGRA, MIGUEL A 1257 W 78 TERRACE HIALEAH, FL 33014</b>
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02/15/08-80089-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report on 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 of the same 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 this report, with all other like empowered.

**SIGNATURE:**  **MIGUEL CONSUEGRA** **02-05-08** **305 558 6125**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #