

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064119

Entity Name: MACS USA, INC.

FILED
Apr 22, 2004
Secretary of State

Current Principal Place of Business:

1802 N. UNIVERSITY DR. SUITE 100A
PLANTATION, FL 33322

New Principal Place of Business:

1802 N. UNIVERSITY DR.
SUITE 102, #222
PLANTATION, FL 33322

Current Mailing Address:

1802 N. UNIVERSITY DR. SUITE 100A
PLANTATION, FL 33322

New Mailing Address:

1802 N. UNIVERSITY DR. SUITE 102
SUITE 102, #222
PLANTATION, FL 33322

FEI Number: 65-0850392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, EIRA
1802 N. UNIVERSITY DR. SUITE 100A
PLANTATION, FL 33322

Name and Address of New Registered Agent:

KASHFOLAYAT, ALI
1802 N. UNIVERSITY DR.
SUITE 102, #222
PLANTATION, FL 33322

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.

SIGNATURE: ALI KASHFOLAYAT

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSVT () Delete
Name: TAYLOR, EIRA
Address: 1802 N UNIVERSITY DR #100A
City-St-Zip: PLANTATION, FL 33222

Title: VP (X) Delete
Name: FARNHILL, PHILIP
Address: 1802 N UNIVERSITY DR 100A
City-St-Zip: PLANTATION, FL 33222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSVT (X) Change () Addition
Name: KASHFOLAYAT, ALI
Address: 1802 N UNIVERSITY DR, SUITE 102, #222
City-St-Zip: PLANTATION, FL 33222

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALI KASHFOLAYAT

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04/22/2004

Electronic Signature of Signing Officer or Director

Date