


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended
FILED

04 OCT 15 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000064119	
1. Entity Name MACS USA, INC.	

Principal Place of Business 1802 N. UNIVERSITY DR. SUITE 102, #222 PLANTATION, FL 33322	Mailing Address 1802 N. UNIVERSITY DR. SUITE 102 SUITE 102, #222 PLANTATION, FL 33322
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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10132004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0850392	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KASHFOLAYAT, ALI 1802 N. UNIVERSITY DR. SUITE 102, #222 PLANTATION, FL 33322	7. Name and Address of New Registered Agent Name <u>Eira Taylor</u> Street Address (P.O. Box Number is Not Acceptable) <u>1802 N. University Dr. Ste 102 #222</u> City <u>Plantation</u> FL Zip Code <u>33322</u>
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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 <u>[Signature]</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating) <u>10/10/04</u> DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees --
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT KASHFOLAYAT, ALI 1802 N UNIVERSITY DR, SUITE 102, #222 PLANTATION, FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSVT Eira Taylor 1802 N. University Dr. Ste 102, #222 Plantation, FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>10/10/04</u> DATE <u>952-424-6071</u> Daytime Phone #