


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000108390**  
1. Entity Name  
**MACHADO AND COMPANY, INC.**



Principal Place of Business      Mailing Address  
**1845 WEST WINDY WAY**      **1845 WEST WINDY WAY**  
**FRUIT COVE, FL 32259 US**      **FRUIT COVE, FL 32259 US**

**DO NOT WRITE IN THIS SPACE**



02072007    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**59-3551577**

Applied For	Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MACHADO, STEVEN**  
**1845 WEST WINDY WAY**  
**FRUIT COVE, FL 32259**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACHADO, JENNIFER P 1845 WEST WINDY WAY FRUIT COVE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD MACHADO, STEVEN 1845 WEST WINDY WAY FRUIT COVE, FL 32259
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02/20/07-80053-007 150.00

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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 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:** Steven Machado      2/7/07      9042304185  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #