

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P98000108390

1. Entity Name
MACHADO AND COMPANY, INC.



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

Mailing Address
**1845 WEST WINDY WAY
FRUIT COVE, FL 32259 US**



03162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3551577 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MACHADO, STEVEN
1845 WEST WINDY WAY
FRUIT COVE, FL 32259**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | PD |
| NAME | MACHADO, JENNIFER P |
| STREET ADDRESS | 1845 WEST WINDY WAY |
| CITY-ST-ZIP | FRUIT COVE, FL 32259 |

| | |
|----------------|----------------------|
| TITLE | VTSD |
| NAME | MACHADO, STEVEN |
| STREET ADDRESS | 1845 WEST WINDY WAY |
| CITY-ST-ZIP | FRUIT COVE, FL 32259 |

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IN THIS SPACE**

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:

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven Machado

3/16/08

Date

9042304185

Daytime Phone #