

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90077 012 ***150.00

DOCUMENT # P99000001090					
1. Entity Name BIG MAC ENTERPRISE, INC.					
Principal Place of Business 6859 BITTERBUSH PLACE BOYNTON BEACH, FL 33437 US			Mailing Address 6859 BITTERBUSH PLACE BOYNTON BEACH, FL 33437 US		
2. Principal Place of Business 6169 Jog Rd Suite, Apt. #, etc. C-9		3. Mailing Address 6169 Jog Rd Suite, Apt. #, etc. C-9			
City & State Lake Worth, FL		City & State Lake Worth, FL		4. FEI Number 65-0892266	
Zip 33467 Country USA		Zip 33467 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDONALD, MICHAEL E 6859 BITTERBUSH PLACE BOYNTON BEACH, FL 33437			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 180 Yacht Club Way #103 City Hypoluxo FL Zip Code 33462		
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>Michael E McDonald</u> Director DATE <u>4/15/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCDONALD, MICHAEL E 6859 BITTERBUSH PLACE BOYNTON BEACH, FL 33437		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 180 Yacht Club Way #103 Hypoluxo, FL 33462	
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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>Michael E McDonald</u> - Michael E McDonald 4/15/04 451-6438 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					