


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000018318**

1. Entity Name  
**MAC BUILDERS, INC.**



Principal Place of Business <b>15841 PINES BLVD          388          PEMBROKE PINES, FL 33027</b>	Mailing Address <b>15841 PINES BLVD          388          PEMBROKE PINES, FL 33027</b>
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03112004 No Chg-P CR2E034 (10/03)

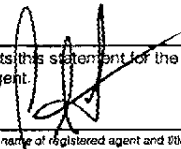
4. FEI Number <b>65-0896632</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**VELOZ, CARLOS  
 15841 PINES BLVD  
 #388  
 PEMBROKE PINES, FL 33027**

**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:  **Carlos Veloz** DATE: **3/11/04**

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, 2004 Fee will be \$550.00**

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

**U00000091377**  
**03/18/04-80007-007 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>VELOZ, CARLOS 15841 PINES BLVD #388 PEMBROKE PINES, FL 33027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <b>GARCIA, ALEX 15841 PINES BLVD #388 PEMBROKE PINES, FL 33027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>GARCIA, MIKE 15841 PINES BLVD #388 PEMBROKE PINES, FL 33027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Carlos Veloz** DATE: **3/11/04** DAYTIME PHONE #: **954 389-6710**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR