2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT (AR)** DOCUMENT # P99000086948 1. Entity Name

M.A.C. CAPITAL ADVISERS, INCORPORATED



**FILED** May 03, 2004 8:00 am Secretary of State

561 447-6969

Daytime Phone #

05-03-2004 90711 004 \*\*\*150.00

			- THE STATE OF THE			
Principal Plac	e of Business	Mailing Address				
1499 W. PALMETTO PARK RD., STE 172 BOCA RATON FL 33486		1499 W. PALMETTO PARK RD., STE 172 BOCA RATON FL 33486		)	IFFR OME IN IN ALONG SOUTH IF FOR	
2 Principal P	Place of Business Way	3. Mailing Address	is liny			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E0	MOORE CR2E034 (11/03)	
BOCG Raton, FL		Boca Raton, Fl		4. FEI Number 65-0923961	Applied For Not Applicable	
Zp 33°	433 Country USA	33433	Country U.S.A	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registere	d Agent	
001	IENI MADICA		Name	• •	***	
COHEN, MARK A 1499 W. PALMETTO PARK RD., SUITE 170 BOCA RATON FL 33433			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
			City	F	Zip Code	
	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I a	ım familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registered Agent signature requir	red when reinstating) DAT	TF.	
	in Table - parties of the control of the Silvery agreement to be expected.	and the wappings (1107)	Tregistered rigera signature requi	DA WANTONISHING		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2004 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
4 50 6 6 6 6 7 1 6	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
TITLE	P	☐ Delete -	TITLE		☐ Change ☐ Addition	
NAME	COHEN, MARK	,	NAME			
STREET ADDRESS CITY-ST-ZIP	1499 W. PALMETTO PARK RD. BOCA RATON FL 33486		STREET ADDRESS CITY-ST-ZIP			
MILE	DOCA HATOITE 55455	□ Delete	TITLE		☐ Change ☐ Addition	
NAME	· ·	Doi:00	NAME	*		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE NAME	*	Change — Addition	
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CITY-ST-ZIP			CITY-ST-ZIP			
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STREET ADDRESS			STREET ADDRESS		}	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		Change Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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.

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR