

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90015 031 ***150.00

DOCUMENT # P0000056663

1. Entity Name
M & A COMPANY INDUSTRIAL EQUIPMENT, INC.



Principal Place of Business 5209 NW 74TH AVENUE SUITE 220 MIAMI, FL 33166 4709 N.W. 72ND AVE. MIAMI, FL 33166	Mailing Address 5209 NW 74TH AVENUE SUITE 220 MIAMI, FL 33166 4709 N.W. 72ND AVE. MIAMI, FL 33166
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40102020



04212008 No Chg-P CR2E034 (11/05)

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4. FEI Number 65-0391467	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MAINARDI, SAVERIO MARIO A
~~5209 NW 74TH AVENUE~~
~~SUITE 220~~
~~MIAMI, FL 33166~~
4709 N.W. 72ND AVE.
MIAMI, FL 33166

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 _____ 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD MAINARDI, SAVERIO MARIO A 5209 NW 74TH AVENUE MIAMI, FL 33166 4709 N.W. 72ND AVE. MIAMI, FL 33166
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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: *Saverio Mainardi* **SAVERIO MAINARDI** *ROBERT*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-23-08** Daytime Phone #: **(305) 302 6358**