

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000032151

1. Entity Name
M.C. & M. CORPORATION OF BOYNTON BEACH



Principal Place of Business
428 E. ATLANTIC
DELRAY BEACH, FL 33483

Mailing Address
428 E. ATLANTIC
DELRAY BEACH, FL 33483

FILED
Jul 07, 2004 08:00 AM
Secretary of State



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0745897

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ORDENANZ, MARIA CRISTINA
6309 COUNTRY FAIR CIR.
BOYNTON BEACH, FL 33437

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ORDENANZ, MARIA CRISTINA
STREET ADDRESS	6309 COUNTRY FAIR CIR.
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/07/04-80008-024 150.00

DO NOT WRITE
IN THIS SPACE

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Maria Cristina Ordenanz 7/2/04 561-921-0662