I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

Entity Name: MERCHANDISING & MANUFACTURING ASSOCIATES, INC. **Current Principal Place of Business:**

5407 FEARNLEY ROAD LAKE WORTH. FL 33467

Current Mailing Address:

DOCUMENT# P99000104982

5407 FEARNLEY RD. LAKE WORTH. FL 33467

FEI Number: 23-1324864

Name and Address of Current Registered Agent:

KALIL, PAMELA M 5407 FEARNLEY RD. LAKE WORTH, FL 33467 US

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.

SIGNATURE:

Officer/Director Detail :

Title	PRES	Title	VP
Name	KALIL, PAMELA M	Name	KALIL, JOSEPH D
Address	5407 FEARNLEY RD	Address	5407 FEARNLEY ROAD
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467

Electronic Signature of Registered Agent

Certificate of Status Desired: No

FILED Feb 16, 2019 Secretary of State 2551089304CC

Date

Date

02/16/2019

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: PAMELA MAE KALIL

PRESIDENT