

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90093 016 ***150.00

DOCUMENT # 236015

1. Entity Name
M P & C FINANCIAL COMPANY



Principal Place of Business
**ONE NORTH CLEMATIS ST., STE 200
WEST PALM BEACH, FL 33401 US**

Mailing Address
**ONE NORTH CLEMATIS ST., STE 200
WEST PALM BEACH, FL 33401 US**

00000011



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0901853

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

**TABERNILLA, ARMANDO A
ONE NORTH CLEMATIS ST., STE 200
WEST PALM BEACH, FL 33401**

**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
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	BLOMQVIST, ERIK J
STREET ADDRESS	ONE NORTH CLEMATIS ST., STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DPAS
NAME	CARSON, DONALD W.
STREET ADDRESS	ONE NORTH CLEMATIS ST., STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VSD
NAME	TABERNILLA, ARMANDO A
STREET ADDRESS	ONE NORTH CLEMATIS ST., STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	AT
NAME	VALDIVIESO, ROLANDO
STREET ADDRESS	ONE NORTH CLEMATIS ST., STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	RECIO, ALBERTO S
STREET ADDRESS	ONE NORTH CLEMATIS ST., STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	V
NAME	HERNANDEZ, OSCAR R
STREET ADDRESS	ONE NORTH CLEMATIS ST., STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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:  **Armando A. Tabernilla, VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/2006

Date

561-655-6303

Daytime Phone #