



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # H46937 1. Entity Name MFE CORPORATION			
Principal Place of Business 2831 SW 56 AVE. HOLLYWOOD, FL 33023		Mailing Address 2831 SW 56 AVE. HOLLYWOOD, FL 33023	
DO NOT WRITE IN THIS SPACE			
		 04282004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2490802	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIDEMAN, MICHAEL 2742 MONTEVIDEO AVE. COOPER CITY, FL 33026		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 <u>Michael Rideman</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/24/04</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIDEMAN, MICHAEL 2742 MONTEVIDEO AVE. COOPER CITY, FL	1100000148632 05/03/04-80154-015 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIDEMAN, FERN 2742 MONTEVIDEO AVE. COOPER CITY, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
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TITLE NAME STREET ADDRESS 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)(f), 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: <u>Michael Rideman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>4/24/04</u> DAYTIME PHONE # <u>954989-2521</u>	