

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90064 024 \*\*\*150.00

**DOCUMENT # K23090**

1. Entity Name

M.M. MACHINIST METALWORKS, INC.



Principal Place of Business

10285 ISLANDER DR  
BOCA RATON, FL 33498

Mailing Address

10285 ISLANDER DR  
BOCA RATON, FL 33498

**DO NOT WRITE IN THIS SPACE**

40041833



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0051081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PACHECO, CARLOS A.  
10285 ISLANDER DR  
BOCA RATON, FL 33498

**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, 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	PD.
NAME	PACHECO, CARLOS A.
STREET ADDRESS	10285 ISLANDER DR.
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 7-08

Date

Daytime Phone #