

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000038918

Entity Name: DOUBLE M.P., INC.

FILED  
Apr 09, 2009  
Secretary of State

## Current Principal Place of Business:

230 SE 32ND PL  
OCALA, FL 34471

## New Principal Place of Business:

## Current Mailing Address:

230 SE 32ND PL  
OCALA, FL 34471

## New Mailing Address:

FEI Number: 59-3649050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORALES, CLAUDIA P P  
230 SE 32ND PL  
OCALA, FL 34471 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: MORALES, CLAUDIA P  
Address: 230 SE 32ND PL  
City-St-Zip: OCALA, FL 34471 US

Title: V ( ) Delete  
Name: GALANO, RICARDO M  
Address: FRANCISCO SEGUIN 114, SURCO URB LAS  
City-St-Zip: GARDINIAS, LIMA PERU, OC

Title: S ( ) Delete  
Name: PICCONE, OSCAR E  
Address: 230 SE 32ND PL  
City-St-Zip: OCALA, FL 34471 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: PICCONE, OSCAR E  
Address: 230 SE 32ND PL  
City-St-Zip: OCALA, FL 34471 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLAUDIA MORALES

P

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date