

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135894

FILED
Apr 20, 2009
Secretary of State

Entity Name: MRQE AUTOMATION AND CONSULTING CORP.

Current Principal Place of Business:

4111 CAMBRIDGE E
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

4111 CAMBRIDGE E
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 20-0420565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARELLEK, STEVEN
2650 NORTH MILITARY TRAIL
SUITE 240
BOCA RATON, FL 33431 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: P/D () Delete
Name: CLAMEN, STEWART M MR
Address: 288 LAKE ST.
City-St-Zip: HADDONFIELD, NJ 08033 US

Title: VP/D () Delete
Name: CLAMEN, STANLEY MR
Address: 1110-6980 COTE ST LUC
City-St-Zip: MONTREAL, QU H4V 3A4 CA

Title: ST/D () Delete
Name: CLAMEN, LORNA MRS
Address: 1110-6980 COTE ST LUC
City-St-Zip: MONTREAL, QU H4V 3A4 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LORNA CLAMEN

ST/D

04/20/2009

Electronic Signature of Signing Officer or Director

Date