


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90035 031 \*\*\*150.00

**DOCUMENT # P04000093799**

1. Entity Name  
**MC MACHINERY, INC.**



Principal Place of Business      Mailing Address  
**87 PALAMINO CIRCLE**      **87 PALAMINO CIRCLE**  
**BOCA RATON, FL 33487**      **BOCA RATON, FL 33487**

**66006283**



2. Principal Place of Business      3. Mailing Address  
**1524 Gallinule Drive**      **1524 Gallinule Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

02072005      Chg-P      CR2E034 (10/03)

City & State      City & State  
**Delray Beach, FL**      **Delray Beach, FL**

Zip      Country      Zip      Country  
**33444**      **USA**      **33444**      **USA**

4. FEI Number      Applied For  
**20-1262289**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**VARGAS, THEODORE**  
**1177 GEORGE BUSH BLVD. #204**  
**DELRAY BEACH, FL 33483**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 Theodore Vargas      DATE 2/8/04

Signature, typed or printed name of registered agent and use if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VILA, MANUEL A JR.</b> <b>87 PALAMINO CIRCLE</b> <b>BOCA RATON, FL 33487</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE VIVIES, CHRISTOPHER S</b> <b>4913 MC GILL ST.</b> <b>BOYNTON BEACH, FL 33438</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>DeVivies, Christopher S.</b> <b>1524 Gallinule Drive</b> <b>Delray Beach, FL 33444</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 authority empowered.

SIGNATURE: Christopher S DeVivies      DATE: 2/13/05      TELEPHONE: 561-414-9704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Telephone #