2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-16-2005 90035 031 ***150.00

66006283

02072005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000093799

1. Entity Name
MC MACHINERY, INC.

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

2. Principal Place of Business	3. Mailing Address
1524 Gallinule Drive	1524 Gallinule Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach, FL	City & State: Delray Beach, FL
Zip: 33444 Country: USA	Zip: 33444 Country: USA

4. FEI Number: 20-1262289 — Applied For / 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 — 2/8/04
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when resigning) 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	D VILA, MANUEL A JR. 87 PALAMINO CIRCLE BOCA RATON, FL 33487 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE VIVIES, CHRISTOPHER S 4913 MC GILL ST. BOYNTON BEACH, FL 33436 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President DeVivies, Christopher S. 1524 Gallinule Drive Delray Beach, FL 33444 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 to be empowered.

SIGNATURE: Christopher S DeVivies — 2/13/05 — 561-414-9704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #