

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90558 036 \*\*\*150.00

<b>DOCUMENT # P04000117753</b> 1. Entity Name <b>MACH ONE ENTERPRISES, INC.</b>					
Principal Place of Business <b>3237 N. SHERIFF DRIVE BEVERLY HILLS, FL 34465</b>			Mailing Address <b>P. O. BOX 640231 BEVERLY HILLS, FL 34464</b>		
2. Principal Place of Business <b>4170 S Fireside Way</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>4170 S Fireside Way</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Homosassa FL</b>		City & State <b>Homosassa FL</b>		4. FEI Number <b>20-1532427</b>	
Zip <b>34446</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ESSER, MARC 3237 N. SHERIFF DRIVE BEVERLY HILLS, FL 34465</b>			7. Name and Address of New Registered Agent Name <b>Marc Esser</b> Street Address (P.O. Box Number is Not Acceptable) <b>4170 S Fireside Way</b>  City <b>Homosassa FL</b> Zip Code <b>34446</b>		
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 _____ DATE <b>4/28/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ESSER, MARC 3237 N. SHERIFF DRIVE BEVERLY HILLS, FL 34465		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<input type="checkbox"/> Delete		<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 all other like empowered.					
SIGNATURE: _____ <b>Marc Esser</b> <b>4/28/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					