

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 19, 2007 8:00 am
Secretary of State

05-14-2007 90076 044 ***150.00

66019455



1st MOORE CR2E034 (10/06)

DOCUMENT # P05000148811 1. Entity Name M & R ENTERPRISES USA, INC.					
Principal Place of Business 3313 NE JACKSONVILLE ROAD OCALA FL 34479			Mailing Address 3313 NE JACKSONVILLE ROAD OCALA FL 34479		
2. Principal Place of Business - No P.O. Box # 3495 W ANTHONY RD Suite, Apt. #, etc. #103		3. Mailing Address 3495 W ANTHONY RD Suite, Apt. #, etc. #103			
City & State OCALA FL		City & State OCALA FL		4. FEI Number 65-1263156	
Zip 34475		Zip 34475		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, MAILYN 3313 NE JACKSONVILLE ROAD OCALA FL 34479				7. Name and Address of New Registered Agent 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: _____ (NOTE: Registered Agent signature required when transferring) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 PD NAME HERNANDEZ, MAILYN STREET ADDRESS 3313 NE JACKSONVILLE ROAD CITY-STATE-ZIP OCALA FL 34479	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	
TITLE VPD NAME RODRIGUEZ, RICARDO STREET ADDRESS 3313 NE JACKSONVILLE ROAD CITY-STATE-ZIP OCALA FL 34479	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			06/01/07 (352) 622-7448 Date Daytime Phone #		

ATTACHMENT

66019455

P05000148811

M&R ENTERPRISES USA INC

3313 NE JACKSONVILLE RD
JACKSONVILLE FL 32217

TO THE
ORDER OF

Florida Department of State
Cento cincuenta

150.00
DOLLARS

DATE

04/24/07

SUBTRUST

ACH AT 061000101

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NOT NEGOTIABLE

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