

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000005210

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: MC3 ENTERPRISES, INCORPORATED

## Current Principal Place of Business:

9781 SW 220 STREET  
CUTLER BAY, FL 33190 US

## New Principal Place of Business:

13960 SW 139 COURT  
MIAMI, FL 33186 US

## Current Mailing Address:

9781 SW 220 STREET  
CUTLER BAY, FL 33190 US

## New Mailing Address:

13960 SW 139 COURT  
MIAMI, FL 33186 US

FEI Number: 26-1763506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCFARLANE, SELBOURNE A  
9781 SW 220 STREET  
CUTLER BAY, FL 33190 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 ( ) Delete  
Name: MCFARLANE, SELBOURNE A  
Address: 9781 SW 220 STREET  
City-St-Zip: CUTLER BAY, FL 33190 US

Title: VP ( ) Delete  
Name: MCFARLANE, ANDREW D  
Address: 9781 SW 220 STREET  
City-St-Zip: CUTLER BAY, FL 33190 US

Title: VP ( ) Delete  
Name: MCFARLANE, GEOFFREY A  
Address: 11860 SW 122 PLACE  
City-St-Zip: MIAMI, FL 33186 US

Title: S ( ) Delete  
Name: MCFARLANE, JUDY Y  
Address: 9781 SW 220 STREET  
City-St-Zip: CUTLER BAY, FL 33190 US

## 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:

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: SELBOURNE A MCFARLANE

P

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date