


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90009 035 \*\*\*150.00

**DOCUMENT # P93000042447**

1. Entity Name  
**M.C. MARKETING, INC.**



Principal Place of Business      Mailing Address

~~1475 W. GYPRESS CREEK RD.~~      ~~1475 W. GYPRESS CREEK RD.~~  
~~204~~      ~~204~~  
**FORT LAUDERDALE, FL 33309 US**      **FORT LAUDERDALE, FL 33309 US**

**04037317**



2. Principal Place of Business      3. Mailing Address

**1000 N.W. 65TH. ST.**      **1000 N.W. 65TH. ST.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 200**      **SUITE 200**

04062004      Chg-P      CR2E034 (10/03)

City & State      City & State

**FT. LAUDERDALE, FL. 33309**      **FT. LAUDERDALE, FL. 33309**

Zip      Country      Zip      Country

4. FEI Number      Applied For

**65-0416644**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CARPINIELLO, FRANK**  
~~1475 W. GYPRESS CREEK RD. STE 204~~  
**FORT LAUDERDALE, FL 33309**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1000 N.W. 65TH. ST. SUITE 200**

**FT. LAUDERDALE, FL. 33309**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CARPINIELLO, MARC</b>
STREET ADDRESS	<b>1075 RIVERSIDE DR. APT. 205</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CARPINIELLO, FRANK</b>
STREET ADDRESS	<b>351 N.W. 101 TERR.EK RD</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>CARPINIELLO, RHODA</b>
STREET ADDRESS	<b>351 N.W. 101 TERR.EK RD</b>
CITY-ST-ZIP	<b>CORAL SPRINGS, FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *X* \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/15/04 (954) 234-1029  
 Date      Daytime Phone #