

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90113 007 \*\*\*150.00

<b>DOCUMENT # P93000042447</b>					
<b>1. Entity Name</b> M.C. MARKETING, INC.					
<b>Principal Place of Business</b> 1000 N.W. 65TH ST. SUITE 200 FORT LAUDERDALE, FL 33309 US			<b>Mailing Address</b> 1000 N.W. 65TH ST. SUITE 200 FORT LAUDERDALE, FL 33309 US		
<b>2. Principal Place of Business</b> 2950 W. CYPRESS CREEK ROAD Suite, Apt. #, etc. <b>SUITE 102</b> City & State <b>FT. LAUDERDALE FL.</b> Zip <b>33309</b>		<b>3. Mailing Address</b> 2950 W. CYPRESS CREEK ROAD Suite, Apt. #, etc. <b>SUITE 102</b> City & State <b>FT. LAUDERDALE, FL.</b> Zip <b>33309</b>		03312005    Chg-P    CR2E034 (10/03)	
Country <b>BROWARD</b>		Country <b>BROWARD</b>		<b>4. FEI Number</b> <b>65-0416644</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  CARPINIELLO, FRANK 1000 N.W. 65TH ST. SUITE 200 FORT LAUDERDALE, FL 33309			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>2950 W. CYPRESS CREEK ROAD</b> <b>SUITE 102</b> City <b>FT. LAUDERDALE</b> <b>FL</b> Zip Code <b>33309</b>		
<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.</b>					
SIGNATURE _____ <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</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> 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>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARPINIELLO, MARC 1075 RIVERSIDE DR. APT. 205 CORAL SPRINGS, FL	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 351 N.W. 101ST. TERR CORAL SPRINGS, FL. <b>33871</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARPINIELLO, FRANK 351 N.W. 101 TERR.EK RD CORAL SPRINGS, FL	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11111 N.W. 26TH. DRIVE CORAL SPRINGS, FL. <b>33068 65</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARPINIELLO, RHODA 351 N.W. 101 TERR.EK RD CORAL SPRINGS, FL	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11111 N.W. 26TH. DRIVE CORAL SPRINGS, FL. <b>33068 65</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> _____ <b>VP</b> <b>4/12/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

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