

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000070571

1. Entity Name  
MATERIAL & MACHINERY CORP.



**FILED  
Feb 25, 2004 8:00 am  
Secretary of State**

02-25-2004 90062 032 \*\*\*150.00

Principal Place of Business  
13707 KENDALE LAKE CIRCLER  
#C312  
MIAMI, FL 33183

Mailing Address  
13707 KENDALE LAKE CIRCLER  
#C312  
MIAMI, FL 33183



**DO NOT WRITE IN THIS SPACE**

01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0522449	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARANA, ROSAMARIA  
13707 KENDALE LAKE CIRCLE  
#C312  
MIAMI, FL 33183

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Debra M. Caspari*  
Feb. 17. 04

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

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ARANA, ROSEMARIA  
STREET ADDRESS 13707 KENDALE LAKE CIRCLE #C312  
CITY-ST-ZIP MIAMI, FL 33183

TITLE D  
NAME CASPARI, WERNER  
STREET ADDRESS 6627 NW 174TH LANE  
CITY-ST-ZIP MIAMI LAKES, FL 33015

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Debra M. Caspari*  
Feb 17. 04 (305) 824-3957  
Date Daytime Phone #