

AMENDED **2004 FOR PROFIT CORPORATION** **ANNUAL REPORT (AR)**

03-09-2004 90031024 ****1375
P94000070571

04 MAR 31 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070571

1. Entity Name

MATERIAL & MACHINERY CORP.



Principal Place of Business

13707 KENNDAL LAKE CIRCLER
#C312
MIAMI FL 33183

Mailing Address

13707 KENNDAL LAKE CIRCLER
#C312
MIAMI FL 33183

2. Principal Place of Business

6627 N.W. 174th

3. Mailing Address

6627 N.W. 174th LANE



MOORE CR2E034 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL MIAMI LAKES

City & State

MIAMI LAKES FL

4. FEI Number

65-0522449

Applied For

Not Applicable

Zip

33015

Country

USA

Zip

33015

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

WERNER M. CASPARI

Street Address (P.O. Box Number is Not Acceptable)

6627 N.W. 174 LANE

City

MIAMI LAKES

FL

Zip Code

33015

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

Werner M. Caspari

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

March 3, 04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE	D	☒ Delete
NAME	ARANA, ROSEMARIA	
STREET ADDRESS	13707 KENDALE LAKE CIRCLE #C312	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	☐ Delete
NAME	CASPARI, WERNER	
STREET ADDRESS	6627 NW 174TH LANE	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

900032249629
04/09/04--01011--009 **47.50

3/3/04

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:

Werner M. Caspari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WERNER M. CASPARI

Date

3/3/04

Daytime Phone #

305 824 3457