


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000016620</b> 1. Entity Name <b>MARK TWO ENGINEERING, INC.</b>	
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Principal Place of Business <b>8324 N.W. 74TH AVENUE MEDLEY, FL 33166</b>	Mailing Address <b>8324 N.W. 74TH AVENUE MEDLEY, FL 33166</b>
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**DO NOT WRITE IN THIS SPACE**



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0668660</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>FILINGS, INC. 3732 N.W. 16TH STREET FORT LAUDERDALE, FL 33311</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE: _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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<b>10. OFFICERS AND DIRECTORS</b>		<p>U00000114842 04/15/04-80067-011 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C BOX, WILLIAM 300 LEUCADENDRA DRIVE CORAL GABLES, FL 33166</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P ENRIQUEZ, ENRIQUE J 8171 N.W. 74TH AVENUE MIAMI, FL 33166</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CEO MURPHY, GREGORY J 11780 S.W. 90 AVE. MIAMI, FL</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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>SIGNATURE:</b> <u>ENRIQUE J. ENRIQUEZ</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/15/04</u> (305)889-3280 <small>Date Daytime Phone #</small>
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