

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000016620**

**1. Entity Name**  
**MARK TWO ENGINEERING, INC.**



**Principal Place of Business**  
**8324 N.W. 74TH AVENUE**  
**MEDLEY, FL 33166**

**Mailing Address**  
**8324 N.W. 74TH AVENUE**  
**MEDLEY, FL 33166**



03152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**65-0668660**

**Applied For**  
**Not Applicable**

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

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

**FILINGS, INC.**  
**3732 N.W. 16TH STREET**  
**FORT LAUDERDALE, FL 33311**

**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 re-registering) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE**  
**C**  
**NAME**  
**BOX, WILLIAM**  
**STREET ADDRESS**  
**300 LEUCADENDRA DRIVE**  
**CITY-ST-ZIP**  
**CORAL GABLES, FL 33156**

**TITLE**  
**P**  
**NAME**  
**ENRIQUEZ, ENRIQUE J**  
**STREET ADDRESS**  
**8171 N.W. 74TH AVENUE**  
**CITY-ST-ZIP**  
**MIAMI, FL 33166**

**TITLE**  
**CEO**  
**NAME**  
**MURPHY, GREGORY J**  
**STREET ADDRESS**  
**11780 S.W. 90 AVE.**  
**CITY-ST-ZIP**  
**MIAMI, FL**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 exemptions contained in Chapter 119, 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/07 (305) 889-3280**  
Date Daytime Phone #