


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 05, 2007 08:00 A
Secretary of State**

DOCUMENT # P96000027145 1. Entity Name M & E DISTRIBUTORS, INC.	
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Principal Place of Business EVELYNN & MARK MARTONE 4770 NW 9TH ST COCONUT CREEK, FL 33063-4657	Mailing Address PO BOX 934612 MARGATE, FL 33093-4612
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DO NOT WRITE IN THIS SPACE

02242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0655029	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

MATONE, MARK
4470 NORTHWEST 9TH STREET
COCONUT CREEK, FL 33063-4657

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

U00000656740
03/14/07-80030-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MARTONE, MARK 4470 NORTHWEST 9TH STREET COCONUT CREEK, FL 330634657
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MARTONE, EVELYNN E 4470 NORTHWEST 9TH STREET COCONUT CREEK, FL 330634657
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE: 3/02/07 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR