


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000027145</b>		
1. Entity Name <b>M &amp; E DISTRIBUTORS, INC.</b>		
Principal Place of Business <b>EVELYNN &amp; MARK MARTONE 4770 NW 9TH ST COCONUT CREEK, FL 33063-4657</b>	Mailing Address <b>PO BOX 934612 MARGATE, FL 33093-4612</b>	



03252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0655029</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000879791 04/15/08-80033-020 150.00</b>
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**10. OFFICERS AND DIRECTORS**

TITLE <b>PS</b>	<b>MARTONE, MARK</b>
NAME	
STREET ADDRESS	<b>4470 NORTHWEST 9TH STREET</b>
CITY-ST-ZIP	<b>COCONUT CREEK, FL 330634657</b>
TITLE <b>VT</b>	<b>MARTONE, EVELYNN E</b>
NAME	
STREET ADDRESS	<b>4470 NORTHWEST 9TH STREET</b>
CITY-ST-ZIP	<b>COCONUT CREEK, FL 330634657</b>
TITLE	
NAME	
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CITY-ST-ZIP	
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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, was all other like empowered.

**SIGNATURE:**  **3-2808**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #