


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P96000027145  
 1. Entity Name  
 M & E DISTRIBUTORS, INC.



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



03252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0655029 Applied For  
 Not Applicable

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000879791  
 04/15/08-80033-020 150.00

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	

**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:  DATE: 3-28-08 DAYTIME PHONE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR