

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

4/ **May 09, 2006 8:00 am**
Secretary of State

04-20-2006 90191 045 ***150.00

DOCUMENT # P97000032151

1. Entity Name
M.C. & M. CORPORATION OF BOYNTON BEACH



Principal Place of Business
**428 E. ATLANTIC
DELRAY BEACH, FL 33483**

Mailing Address
**428 E. ATLANTIC
DELRAY BEACH, FL 33483**



03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0745897

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ORDENANZ, MARIA CRISTINA
6309 COUNTRY FAIR CIR.
BOYNTON BEACH, FL 33437**

**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 reissuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ORDENANZ, MARIA CRISTINA
6309 COUNTRY FAIR CIR.
BOYNTON BEACH, FL 33437**

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: *Maria Cristina Ordenanz* 5/3/06 561 6121-0662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #