


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90232 024 ***150.00

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1. Entity Name
M R C. INC.




02192004 Chg-P CR2E034 (10/03)

Principal Place of Business
**3817 COELEBS AVE.
 BOYNTON BEACH, FL 33436-2708**

Mailing Address
**3817 COELEBS AVE.
 BOYNTON BEACH, FL 33436-2708**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
65-0778991

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CUPAIOLE, MICHAEL
 3817 COELEBS AVE.
 BOYNTON BEACH, FL 33436-2708**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2004 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	P CUPAIOLE, MICHAEL 3817 COELEBS AVE. BOYNTON BEACH, FL 334362708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUPAIDLE, KATHLEEN 3817 COELEBS AVE BOYNTON BEACH, FL 334362708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete KUBSCH, JAMES 1256 S. MILITARY TRAIL DEEFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete MUNOZ, OSCAR 1980 NW 4 AVE #A203 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOSE LOPEZ GALINDO 431 CAMINO REAL #08 BOCA RATON FL. 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition FET
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRIAN XAROS 3817 COELEBS AVE BOYNTON BEACH FL. 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments.

SIGNATURE:  **4-26-04 561-278-6065**
Signature and typed or printed name of signing officer or director Date Daytime Phone #