


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90025 047 ***550.00

DOCUMENT # P97000077064

1. Entity Name
M R C. INC.



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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



07252005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0778991 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

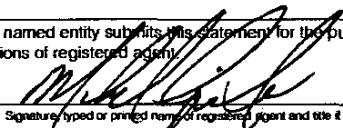
7. Name and Address of New Registered Agent

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: **7-27-05**

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

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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 | <input type="checkbox"/> Delete |
|-------|---------------------|---------------------|-----------------------------|-------------------------------------|
| P | CUPAIOLE, MICHAEL | 3817 COELEBS AVE. | BOYNTON BEACH, FL 334362708 | <input type="checkbox"/> |
| VP | CUPAIDLE, KATHLEEN | 3817 COELEBS AVE | BOYNTON BEACH, FL 334362708 | <input type="checkbox"/> |
| VP | LOPEZ GALINDO, JOSE | 431 CAMINO REAL #08 | BOCA RATON, FL 33432 | <input checked="" type="checkbox"/> |
| VP | MUNOZ, OSCAR | 1980 NW 4 AVE #A203 | BOCA RATON, FL 33432 | <input checked="" type="checkbox"/> |
| VP | XAROS, BRIAN | 3817 COELEBS AVE | BOYNTON BEACH, FL 33436 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|---------------------|----------------------|----------------|---------------------------------|-------------------------------------|
| VP | FELICITA A. AGUILAR | 8770 SUNSET DR. #196 | MIAMI FL 33173 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VP | VLADIMIR BRAVO | 2962 N.W 46 ST | MIAMI FL 33142 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 empowered.

SIGNATURE:  DATE: **7-27-05** DAYTIME PHONE #: **561-278-6069**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #