


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000077064

1. Entity Name
M R C. INC.



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

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



02082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

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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, 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	P
NAME	CUPAIOLE, MICHAEL
STREET ADDRESS	3817 COELEBS AVE.
CITY-ST-ZIP	BOYNTON BEACH, FL 334362708
TITLE	VP
NAME	CUPAIDLE, KATHLEEN
STREET ADDRESS	3817 COELEBS AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 334362708
TITLE	VP
NAME	FELICITA, AGULAR A
STREET ADDRESS	8770 SUNSET DR, #196
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VP
NAME	VLADIMIR, BRAVO
STREET ADDRESS	2962 NW46 ST
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/22/06-80045-006 150.00

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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:  **MICHAEL CUPAIOLE PRES** 2-8-06 561-278-6065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Filing #