


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90044 007 ***150.00

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 - No P.O. Box # 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

40010007



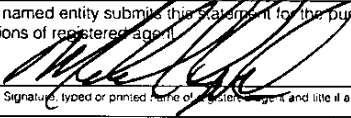
01042007 Chg-P CR2E034 (12/06)

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	7. Name and Address of New Registered Agent
CUPAIOLE, MICHAEL 3817 COELEBS AVE. BOYNTON BEACH, FL 33436-2708	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:  **2-14-07** DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUPAIOLE, MICHAEL		NAME	
STREET ADDRESS 3817 COELEBS AVE.		STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH, FL 334362708		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CUPAIDLE, KATHLEEN		NAME Cupairole, Kathleen	
STREET ADDRESS 3817 COELEBS AVE		STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH, FL 334362708		CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FELICITA, AGULAR A		NAME	
STREET ADDRESS 8770 SUNSET DR, #196		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33173		CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VLADIMIR, BRAVO		NAME	
STREET ADDRESS 2962 NW46 ST		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33142		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **PRES MICHAEL CUPAIOLE** **2/14/07** **561-278-6069**

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

ATTACHMENT

40019694

#P97000077064

Michael Cupaiolo is the registered agent.

I accidently signed Line 8.