2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000005074

1. Entity Name
MACHINERY INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
21150 POINT PLACE #2906 AVENTURA, FL 33180	21150 POINT PLACE #2906 AVENTURA, FL 33180

04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0819907
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TOPPE, VIVIAN MARIE
3658 MAGELLAN CIR., UNIT 132
AVENTURA, FL 33180

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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: Vivian Toppe 4/24/06
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, 2006 Fee will be $550.00

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

100000536300
05/08/06-80110-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TOPPE, EDWARD D
STREET ADDRESS	21150 N.E. 38 AVE., UNIT 2905
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	VP
NAME	TOPPE, VIVIAN MARIE
STREET ADDRESS	3658 MAGELLAN CIR., UNIT 132
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	ST
NAME	TOPPE, WILLIAM DEREK
STREET ADDRESS	21150 POINT PLACE
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Edward Toppe 4/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #