


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90096 029 \*\*\*150.00

<b>DOCUMENT # P99000003903</b> 1. Entity Name <b>M&amp;M MARINE ENGINEERING, INC.</b>					
Principal Place of Business <b>9 SW 13 STREET FT LAUDERDALE, FL 33315</b>			Mailing Address <b>9 SW 13 STREET FT LAUDERDALE, FL 33315</b>		
2. Principal Place of Business - No P.O. Box # <b>2212 NW 78th Avenue</b>		3. Mailing Address <b>2212 NW 78th Avenue</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Margate, Florida</b>		City & State <b>Margate, Florida</b>		4. FEI Number <b>65-0888043</b>	
Zip <b>33063</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>NORTH, CARL 9 SW 13 STREET FT LAUDERDALE, FL 33315</b>			7. Name and Address of New Registered Agent Name <b>Carl North</b> Street Address (P.O. Box Number is Not Acceptable) <b>2212 NW 78th Avenue</b> City <b>Margate</b> <b>FL</b> Zip Code <b>33063</b>		
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 <u>X CG [Signature]</u> DATE <u>X 3/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NORTH, CARL 9 SW 13 STREET FT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Carl North 2212 NW 78th Avenue Margate, FL 33063	<input checked="" 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			
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 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: <u>X CG [Signature]</u>		Date <u>3/10/07</u>		Daytime Phone # <u>X954 75500</u>	