

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90030 003 \*\*\*150.00

**DOCUMENT # V65862**  
 1. Entity Name  
**M.P. MACHINES, INC.**



Principal Place of Business      Mailing Address  
**8049 MONETARY DR**      **8049 MONETARY DR**  
**UNIT D-5**      **UNIT D-5**  
**RIVIERA BEACH FL 33404**      **RIVIERA BEACH FL 33404**  
**US**      **US**

3400000



MOORE      CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**65-0359165**       Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**  
**PALERMO, MARIO F**  
**6238 LESLIE ST**  
**PALM BEACH GARDEN FL 33418**

**7. Name and Address of New Registered Agent**  
 Name: **Palermo, Guiovana**  
 Street Address (P.O. Box Number is Not Acceptable): **6238 Leslie St**  
 City: **Jupiter**      FL      Zip Code: **334158**

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: *Mario F Palermo*      DATE: **04/08/04**  
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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>PALERMO, MARIO F</b>	
STREET ADDRESS	<b>6238 LESLIE ST</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Palermo, Mario F</b>	
STREET ADDRESS	<b>6238 Leslie St</b>	
CITY-ST-ZIP	<b>Jupiter, FL 33458</b>	
TITLE	<b>Pres</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Palermo, Guiovana</b>	
STREET ADDRESS	<b>6238 Leslie St</b>	
CITY-ST-ZIP	<b>Jupiter, FL 33458</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Mario F Palermo*      DATE: **04/08/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #