## 2007 FOR PROFIT CORPORATION

## Jun 21, 2007 8:00 am Secretary of State **ANNUAL REPORT** 06-21-2007 90023 047 \*\*\*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 2. Principal Place of Business - No P.O. Box # 3. Mading Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05312007 Cha-P CR2E034 (12/06) City & State City & State 4 FEI Number Applied For 65-0359165 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALERMO, GUIOVANA Street Address (P.O. Box Number is Not Acceptable) 6238 LESLIE ST JUPITER, FL 33458 City 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. Signature, typed or printed haine of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 14, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ■ Addition PALERMO, GUIOVANA R NAME NAME STREET ADDRESS 511 PRESERVE POINT STREET ADDRESS CITY-ST ZIP JUPITER, FL 33458 CITY ST ZIP TITLE Delete TITLE Change Addition PALERMO, GUIOVANA NAME NAME STREET ADDRESS 511 PRESERVE POINT STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-2IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition

12. Thereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY ST ZIP

NAME

NAME

STREET ADDRESS

CITY ST ZIP

06-05-07 561-848 0258

**FILED** 

Dale

Daytime Phone ≠