


2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**
May 09, 2006 8:00 am
Secretary of State

04-20-2006 90191 045 ***150.00

DOCUMENT # P97000032151

1. Entity Name
M.C. & M. CORPORATION OF BOYNTON BEACH



Principal Place of Business Mailing Address
428 E. ATLANTIC **428 E. ATLANTIC**
DELRAY BEACH, FL 33483 **DELRAY BEACH, FL 33483**

DO NOT WRITE IN THIS SPACE



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0745897	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ORDENANZ, MARIA CRISTINA
6309 COUNTRY FAIR CIR.
BOYNTON BEACH, FL 33437

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORDENANZ, MARIA CRISTINA 6309 COUNTRY FAIR CIR. BOYNTON BEACH, FL 33437
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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: *Maria Cristina Ordenanz* Date: 5/3/06 Daytona Phone #: 561 921-0662

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