

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90019 050 ***150.00

DOCUMENT # P07000045707 1. Entity Name M.A.M. PROPERTIES, INC.					
Principal Place of Business 9675 NW 12TH STREET MIAMI, FL 33172			Mailing Address 9675 NW 12TH STREET MIAMI, FL 33172		
2. Principal Place of Business - No P.O. Box # 435 Marquessa Dr.		3. Mailing Address 435 Marquessa Dr.			
Suite, Apt. #, etc. C		Suite, Apt. #, etc.			
City & State Coral Gables, FL		City & State Coral Gables, FL		4. FEI Number 20-8833295	
Zip 33156		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA-PINERO, MARGARET C 9675 NW 12TH STREET MIAMI, FL 33172			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 435 Marquessa Drive Coral Gables City FL Zip Code 33156		
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 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, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Delete GARCIA-PINERO, MARGARET 9675 NW 12TH STREET MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition Garcia-Pinero, Margaret 435 Marquessa Drive Coral Gables, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 02/22/08 Date		