2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P40317

Entity Name: GMMI, INC.

Current Principal Place of Business:

7901 S.W. 36TH ST
SUITE 100
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

7901 SW 36TH ST.
SUITE 100
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 75-2436905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, MARTIN
3800 GALT OCEAN MILE #905
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DCS ( ) Delete
Name: SMITH, MARTIN B., JR, .
Address: 3800 GALT OCEAN MILE #905
City-St-Zip: FORT LAUDERDLAE, FL 33308

Title: DP ( ) Delete
Name: SMITH, MARTIN B., JR, .
Address: 3800 GALT OCEAN MILE #905
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: T (X) Delete
Name: SMITH, MARTIN B., JR, .
Address: 3800 GALT OCEAN MILE #905
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: KROON, ALEX,
Address: 7901 SW 36TH STREET SUITE 100
City-St-Zip: DAVIE, FL 33328

Title: D S (X) Change ( ) Addition
Name: SMITH, MARTIN B., JR, .
Address: 3800 GALT OCEAN MILE #905
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX KROON DPT 03/24/2009

Electronic Signature of Signing Officer or Director Date