

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000054816					
1. Entity Name 2MM USA CORPORATION					
Principal Place of Business 2150 NW 93RD AVE MIAMI, FL 33172 US			Mailing Address 2150 NW 93RD AVE MIAMI, FL 33172 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc			Suite, Apt. #, etc		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0586431	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FREEMAN, PAUL H 1840 WEST 49 STREET SUITE 410 HIALEAH, FL 33012				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and (if applicable) NOTE: Registered Agent signature required when reinstating.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DV ZAPATA, TERESITA 5673 SW 150 AVE. MIAMI, FL 33193 ☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TERAN, RENE 400 ISLAND DRIVE KEY BISCAYNE, FL 33149 ☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TERAN, LAURA 400 ISLAND DRIVE KEY BISCAYNE, FL 33149 ☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
☐ Change ☐ Addition U000000308566 04/16/05-80003-005 158.75					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
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 empowerments.					
SIGNATURE: <i>PR. de Lysate</i> 04/13/05 305-477-4773 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					