

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000121133 1. Entity Name M N M 4BROTHERS, INC.	
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Principal Place of Business 9981 N.W. 80TH AVE. HIALEAH GARDENS, FL 33016	Mailing Address P.O. BOX 22611 HIALEAH, FL 33002
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03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0619487	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MARTINEZ, MANUEL J 9981 N.W. 80TH AVE. HIALEAH GARDENS, FL 33016
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

11111111290553
04/06/05-80070-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MADRUGA, LUIS E P.O. BOX 22611 HIALEAH, FL 33002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MADRUGA, GRIZEL P.O. BOX 22611 HIALEAH, FL 33002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINEZ, MANUEL J P.O. BOX 22611 HIALEAH, FL 33002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/04/05** Daytime Phone # _____