

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000121133**

1. Entity Name  
**M N M 4BROTHERS, INC.**



Principal Place of Business  
**9981 N.W. 80TH AVE.  
HIALEAH GARDENS, FL 33016**

Mailing Address  
**P.O. BOX 22611  
HIALEAH, FL 33002**



05252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0619487**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MARTINEZ, MANUEL J  
9981 N.W. 80TH AVE.  
HIALEAH GARDENS, FL 33016**

**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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reorganizing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

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

000000566296  
05/30/06-80004-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/25/06* *286 797 2400*  
Date Daytime Phone #