

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000053154

Entity Name: MMI JANITORIAL INC.**Current Principal Place of Business:**14750 NW 77TH CT #100
MIAMI LAKES, FL 33016**Current Mailing Address:**14750 NW 77TH CT #100
MIAMI LAKES, FL 33016**FEI Number:** 46-3023007**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH, LTD
155 OFFICE PLAZA DR
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	WILSON, STEVE
Address	14750 NW 77TH CT #100
City-State-Zip:	MIAMI LAKES FL 33016

Title	D
Name	POMROY, ROBERT N
Address	ONE MADISON AVENUE, 11TH FLOOR
City-State-Zip:	NEW YORK NY 10010

Title	S
Name	BALLARD, BRUCE
Address	14750 NW 77TH CT #100
City-State-Zip:	MIAMI LAKES FL 33016

Title	D
Name	SHAHER, MATTHEW
Address	681 FIFTH AVENUE, FLOOR 14
City-State-Zip:	NEW YORK NY 10022

Title	TREASURER, SECRETARY
Name	BALLARD, BRUCE
Address	14750 NW 77TH CT #100
City-State-Zip:	MIAMI LAKES FL 33016

Title	D
Name	BENZA, JENNIE
Address	ONE MADISON AVENUE, 11TH FLOOR
City-State-Zip:	NEW YORK NY 10010

I hereby 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 all other like empowered.

SIGNATURE: BRUCE BALLARD**TREASURER/SECRETARY** 05/01/2014_____
Electronic Signature of Signing Officer/Director Detail_____
Date