## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 605796** 

Entity Name: SOLOMON'S M & M. INC

867 WATERMAN RD. S.

JAX, FL

Address:

City-St-Zip:

FILED Apr 15, 2007 Secretary of State

	OOLONIC	ord order, made.			
Current P	rincipal Place	of Business:	New Principal Plac	New Principal Place of Business:	
3814 BEAC JACKSON	CH BLVD VILLE, FL 322	207			
Current Mailing Address:			New Mailing Address:		
3814 BEACH BLVD JACKSONVILLE, FL 32207			1404 SOMERVILLE RD. JACKSONVILLE, FL 32207		
FEI Number:	: 59-1880143	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
SUITE 100 JAX, FL 33 The above	NGTON AVE ) 22102058 US named entity		ourpose of changing its register	red office or registered agent, or both,	
	e of Florida. 				
SIGNATUR		nic Signature of Registered Age	ent ent	 Date	
Election Car		g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( SOLOMON, GF 1404 SOMMER JAX, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( HASHEM, HAR 867 WATERMA JAX, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	TSD ( HASHEM, MAR	) Delete Y ANNE,	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: GREGORY F. SOLOMON PD 04/15/2007