

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000133

FILED
Jul 01, 2005
Secretary of State

Entity Name: M & M SERVICES OF BROWARD, INC.

Current Principal Place of Business:

14781 SOUTH BISCAYNE RIVER DRIVE
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

14781 SOUTH BISCAYNE RIVER DRIVE
MIAMI, FL 33168

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKWOOD, MARK
14781 SOUTH BISCAYNE RIVER DRIVE
MIAMI, FL 33168 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: LOCKWOOD, MARK
Address: 14781 SOUTH BISCAYNE RIVER DRIVE
City-St-Zip: MIAMI, FL 33168

Title: VCVP () Delete
Name: FREDERICK, JERRY
Address: 8335 NW 52ND PLACE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: S () Delete
Name: LOCKWOOD, MADELINE
Address: 14781 SOUTH BISCAYNE RIVER DRIVE
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: MARK LOCKWOOD

CP

07/01/2005

Electronic Signature of Signing Officer or Director

Date