2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000133

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

LOCKWOOD, MADELINE

MIAMI, FL 33168

14781 SOUTH BISCAYNE RIVER DRIVE

Name:

Address: City-St-Zip: FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14781 SOUTH BISCAYNE RIVER DRIVE MIAMI, FL 33168 **Current Mailing Address: New Mailing Address:** 14781 SOUTH BISCAYNE RIVER DRIVE MIAMI, FL 33168 FEI Number: 20-0119808 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOCKWOOD, MARK 14781 SOUTH BISCAYNE RIVER DRIVE MIAMI, FL 33168 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LOCKWOOD, MARK Name: Name: 14781 SOUTH BISCAYNE RIVER DRIVE Address: Address: City-St-Zip: MIAMI, FL 33168 City-St-Zip: Title: VCVP Title: () Delete () Change () Addition Name: FREDERICK, JERRY Name: 8335 NW 52ND PLACE Address: Address: CORAL SPRINGS, FL 33067 City-St-Zip: City-St-Zip: () Delete Title: Title: () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK LOCKWOOD CP 04/28/2006