

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 27, 2004 08:00 AM  
Secretary of State

DOCUMENT # F16831		
1. Entity Name M & M TITLE SERVICES, INC.		

Principal Place of Business 16800 NE 2 AVE NORTH MIAMI BEACH FL 33162	Mailing Address 16800 NE 2 AVE NORTH MIAMI BEACH FL 33162
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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STEELE, MARILYN L. 16800 N.E. 2ND AVENUE N. MIAMI FL 33162		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	STEELE, MARILYN L.	NAME	
STREET ADDRESS	16800 N.E. 2ND AVENUE	STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL	CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	STEELE, MICHAEL J.	NAME	
STREET ADDRESS	16800 N.E. 2ND AVENUE	STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL	CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	MCBRIDE, CAROL L.	NAME	
STREET ADDRESS	16800 N.E. 2ND AVENUE	STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ANDERSON, KATHLEEN	NAME	
STREET ADDRESS	16800 NE 2 AVENUE	STREET ADDRESS	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 changed, or on an attachment with a reference to all other like empowered.

SIGNATURE:	1/22/04 3056532440X11
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