

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F29247

1. Entity Name  
THE M FAMILY, INC.



**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business  
C/O LEE MILICH  
100 W. CYPRESS CREEK ROAD, #935  
FORT LAUDERDALE, FL 33309 US

Mailing Address  
C/O LEE MILICH  
100 W. CYPRESS CREEK ROAD, #935  
FORT LAUDERDALE, FL 33309 US



**DO NOT WRITE IN THIS SPACE**

02152006 No Chg-P CR2E034 (11/05)

4. FEI Number ☐ Applied For  
NOT APPLICABLE ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MILICH, LEE  
100 W. CYPRESS CREEK ROAD, #935  
FORT LAUDERDALE, FL 33309

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000532176  
05/06/06-80075-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MILICH, LEE  
STREET ADDRESS 100 W. CYPRESS CREEK RD., #935  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE MILICH

Date

Daytime Phone #

4/24/06