


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 07, 2007 08:00 AM
Secretary of State

Sent

DOCUMENT # G22483
1. Entity Name
M & M RANCH INC.



Principal Place of Business 333 ARAGON AVE 507 CORAL GABLES, FL 33134-5069	Mailing Address 333 ARAGON AVE 507 CORAL GABLES, FL 33134-5069
---	---



02042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2255291	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BAEZ, ISRAEL
333 ARAGON AVE
507
CORAL GABLES, FL 33134-5069

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT BAEZ, ISRAEL, SR. 333 ARAGON AVE CORAL GABLES, FL 331345069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BAEZ, EDILIA 333 ARAGON AVE CORAL GABLES, FL 331345069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000625609
02/14/07-80082-023 150.00

DO NOT WRITE 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: * *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 02/05/07 Daytime Phone #: 3053431280