

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90043 022 ***150.00

DOCUMENT # J46967

1. Entity Name

M & M INVESTMENT GROUP, INC.



Principal Place of Business

**5410 CRSSING ROCKS COURT
RIVERIA BEACH FL 33407
US**

Mailing Address

**5410 CRSSING ROCKS COURT
RIVERIA BEACH FL 33407
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2756513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANGONON, PAT L.
5410 CROSSING ROCKS COURT
WEST PALM BEACH FL 33407**

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

Pat L. Mangonon

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

(NOTE: Registered Agent signature required when reinstating)

03/09/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SANTIAGO, EDUARDO L.	
STREET ADDRESS	719 HWY 43, BY PASS N.E., STE. G	
CITY-ST-ZIP	RUSSELLVILLE AL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MANGONON, VIRGILIO A.	
STREET ADDRESS	101 SERPENTINE DRIVE	
CITY-ST-ZIP	MORGANVILLE NJ 07751	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MANGONON, PAT L	
STREET ADDRESS	5410 CROSSING ROCKS COURT	
CITY-ST-ZIP	RIVRIA BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, EDUARDO L	
STREET ADDRESS	15225 HWY 43, Suite G	
CITY-ST-ZIP	RUSSELLVILLE, AL 35653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pat L. Mangonon, **PAT L. MANGONON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/05

DATE

561-841-9425

Daytime Phone #