
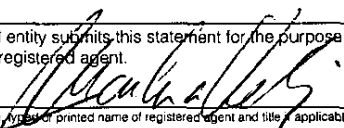
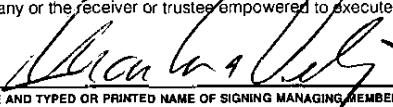


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90022 031 \*\*\*\*50.00

<b>DOCUMENT # L03000036823</b>					
<b>1. Entity Name</b> <b>M &amp; M CARPENTRY, LLC</b>					
<b>Principal Place of Business</b> 4010 S.W. 138RD. AVE. MIAMI, FL 33175			<b>Mailing Address</b> 4010 S.W. 138RD. AVE. MIAMI, FL 33175		
<b>2. Principal Place of Business</b> 6521 SW 136 Ct. Suite, Apt. #, etc.			<b>3. Mailing Address</b> 6521 SW 136 Ct. Suite, Apt. #, etc.		
<b>City &amp; State</b> Miami, FL			<b>City &amp; State</b> Miami, FL		
<b>Zip</b> 33183			<b>Country</b> USA		
<b>4. FEI Number</b> 05-0587869			<b>Applied For</b> <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> RIVES, D. ISABEL 4010 S.W. 138TH. AVE. MIAMI, FL 33175			<b>7. Name and Address of New Registered Agent</b> Name: <b>Martha Veliz</b> Street Address (P.O. Box Number is Not Acceptable): 6521 SW 136 Ct. City: <b>Miami</b> <b>FL</b> Zip Code: <b>33183</b>		
<b>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.</b>					
<b>SIGNATURE</b> 				<b>4-21-04</b> <small>DATE</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGRM</b> <b>RIVES, GUILLERMINA</b> <b>4010 S.W. 138TH. AVE.</b> <b>MIAMI, FL 33175</b>	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>mgrm</b> <b>Veliz, Martha</b> <b>6521 SW 136 Ct</b> <b>Miami, FL. 33183</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> 				<b>4-21-04</b> <b>305-790-2801</b> <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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03032004 Chg-LLC CR2E083 (10/03)