2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L24893

Address:

City-St-Zip:

14810 SW 180TH TERR

MIAMI, FL 33187

Entity Name: C.M.M. ENTERPRISE CORP.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
14810 SW MIAMI, FL	/ 180TH TERR . 33187				
Current N	Nailing Addres	s:	New Mailing Address:		
14810 SW MIAMI, FL	/ 180TH TERR 33187				
FEI Number	: 65-0168641	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address o	of New Registered Agent:	
MIGUEL, 14810 SW MIAMI, FL	/ 180TH TERR				
The above in the Stat	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
Election Ca		iic Signature of Registered Ag g Trust Fund Contribution ().	ent	Date	
		. ,	ADDITIONS (OLIANO)	TO TO OFFICERS AND DIRECTORS	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTORS	
Title:		Delete	Title:	() Change () Addition	
Name: Address:	MIGUEL, RAFA 14810 SW 180		Name: Address:		
City-St-Zip:	MIAMI, FL 331		City-St-Zip:		
Title:	V ()	Delete	Title:	() Change () Addition	
Name:	MIGUEL, MART		Name:	()	
Address:	14810 SW 180		Address:		
City-St-Zip:	MIAMI, FL 331		City-St-Zip:		
Title:	S ()	Delete	Title:	() Change () Addition	
Name:	ARGUELLES, K	(IMBERLY M	Name:		
Address:	14810 SW 180		Address:		
City-St-Zip:	MIAMI, FL 331	87	City-St-Zip:		
Title:	, ,	Delete	Title:	() Change () Addition	
Name:	MIGUEL, MARC	YCY WALLCOALICY	Name:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RAFAEL MIGUEL P 04/20/2009