


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90022 014 ***150.00

DOCUMENT # L33075 1. Entity Name M & M GROUP CORP.					
Principal Place of Business 7900 N.W. 155 STREET SUITE # 206 MIAMI LAKES, FL 33016 US			Mailing Address 7900 N.W. 155 STREET SUITE # 206 MIAMI LAKES, FL 33016 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0193339	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESPINOSA, LUIS M 15522 N.W. 82 PLACE MIAMI LAKES, FL 33016			7. Name and Address of New Registered Agent Name Espinosa, Luis M. Street Address (P.O. Box Number is Not Acceptable) 15525 NW 83rd. Court City Miami Lakes, FL Zip Code 33016		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT ESPINOSA, LUIS M <input type="checkbox"/> Delete 15522 N.W. 82 PLACE MIAMI LAKES, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Espinosa, Luis M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15525 NW 83rd, Court Miami Lakes, Fl 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV CAMBERT, RENE M <input type="checkbox"/> Delete 15824 N.W. 83 AVENUE MIAMI LAKES, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT BEANE, REGINALD E <input type="checkbox"/> Delete 5088 N.W. 81 AVENUE CORAL SPRINGS, FL 33067		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____		Rene M. Cambert		3/25/04 786-621-3130	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

54023187



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