## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_\_\_

## FILED Apr 11, 2006 8:00 am Secretary of State

4/6/2006

Daytime Phone #

DOCUMENT # L33075  1. Entity Name M & M GROUP CORP.							04-11-2006 90103 049 ***150.00				
Principal Place of Business 7900 N.W. 155 STREET SUITE # 206 MIAMI LAKES, FL 33016 US 2. Principal Place of Business			Mailing Address 7900 N.W. 155 STREET SUITE # 206 MIAMI LAKES, FL 33016 US  3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04062006	Chg-P	CR	R2E034 (11/05)	)
City & State			City & State				4. FEI Numb 65-019	-		<del>  </del>	pplied For lot Applicable
Zip			Zip				5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
ESPINOSA, LUIS M 15525 NW 83RD COURT MIAMI LAKES, FL 33016					Street Address (P.O. Box Number is Not Acceptable) 7900 N.W. 155th Street Suite # 201						
8. The above the obligat	s register	City Mian ed office or	ni I register	akes ed agent, or bo	ith, in the State	_	FL Zip Coo 330	16			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.							00 May Be ad to Fees				
10.	PDT	OFFICERS AND		11.	- 1			/CHANGES TO	) OFFICERS	AND DIRECTOR	
NAME STREET ADDRESS CITY-ST-ZIP	ESPINOS 15525 NV	A, LUIS M V 83RD COURT KES, FL 33016	□ Delete	nam Stre		PDT Esp 790 Mia	inosa,	Luis ! 155th es, Fl	M. St. S 33016	□ Change Suite #	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	15824 NH	T, RENE M I.W. 83 AVENUE	☐ Delete		i i	790	bert, 1	155th	St. S	□ Change Suite #	Addition 201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT BEANE, F 5088 N.W	KES, FL 33016  REGINALD E  7. 81 AVENUE PRINGS, FL 33067	☐ Delete	TITLI NAM STRE		міа	mi Lak	es, Fl	33016	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delate		E E					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	CITY	E Et adoress - St-Zip	·				☐ Change	☐ Addition
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 supplied final 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 of trustee empraced 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 addless with all other like empraced.											

Rene M. Cambert

Date

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR