2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005267

FILED Mar 31, 2007 Secretary of State

Entity Name: MIAMI MAINTENANCE MANAGEMENT COUNCIL, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	NTRIDGE RC 333312559				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P O BOX 6 MIAMI SPF	660587 RINGS, FL 33	3266 US			
El Number:	: 65-0572147	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
lame and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
	HAEL NTRIDGE RC 333312559				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
BIGNATUF					
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Title: Name: Nddress: Dity-St-Zip:	ZAPPIA, JOHN 1150 LEE WA		Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: ddress: city-St-Zip:	S (VARGO, BILL 950 SE 12 ST MIAMI, FL 33		Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: ddress: city-St-Zip:	D (ZALL, MICHAE 15861 HUNTR DAVIE, FL 33	IDGE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Jame: Address: City-St-Zip:	D (ROSENBERG 8081 N. W. 31 MIAMI, FL 33	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: Dity-St-Zip:	T (LOPEZ, GEOF P. O. BOX 940 MIAMI, FL 33	021	Title: Name: Address: City-St-Zip:	() Change () Addition	
	•) Delete IMUNDO	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL ZALL DIR 03/31/2007