


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91053 004 ***150.00

DOCUMENT # P00000025901
1. Entity Name
M + M OF Kendall, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4501 S.W. 102 PL.
Suite, Apt. #, etc.

3. Mailing Address
4501 S.W. 102 PL.
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33165

Country

Zip
33165

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0990445

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Roberto Gutierrez

Street Address (P.O.-Box Number is Not Acceptable)
4501 S.W. 102 PL.

City
MIAMI

FL

Zip Code
33165

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 _____

January 1 - May 1 - Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | |
|--|---|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Gonzalez, Arnaldo 4501 S.W. 102 PL. MIAMI FL 33165 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Gutierrez, Roberto 4501 S.W. 102 PL. MIAMI FL 33165 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Roberto Gutierrez 4-20-04 (305) 550-6405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)