

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000032971

FILED
Jul 07, 2008
Secretary of State**Entity Name:** M & M TORRES SERVICES, INC.**Current Principal Place of Business:**250 BIRD RD.
SUITE 214
CORAL GABLES, FL 33146**New Principal Place of Business:****Current Mailing Address:**250 BIRD RD.
SUITE 214
CORAL GABLES, FL 33146**New Mailing Address:****FEI Number:** 65-0995817**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TORRES, MIGUEL A
250 BIRD RD.
SUITE 214
CORAL GABLES, FL 33146 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:_____
Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** P () Delete
Name: TORRES, MIGUEL A
Address: 250 BIRD RD. SUITE 214
City-St-Zip: CORAL GABLES, FL 33146**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** AS () Change (X) Addition
Name: ROSAS, JORGE A
Address: 250 BIRD ROAD, SUITE 214
City-St-Zip: CORAL GABLES, FL 33146 US

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.

SIGNATURE: MIGUEL A. TORRES

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07/07/2008

Electronic Signature of Signing Officer or Director_____
Date