

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-26-2004 90009 004 ***150.00

DOCUMENT # P00000085508

1. Entity Name
M & M PARTNERS CORP.



Principal Place of Business
**4775 COLLINS AVE
MIAMI BEACH, FL 33140**

Mailing Address
**4775 COLLINS AVE
MIAMI BEACH, FL 33140**

54022597



2. Principal Place of Business
2305 Lake Ave

3. Mailing Address
2305 Lake Ave

Suite, Apt. #, etc.
Sunset Island III

Suite, Apt. #, etc.
Sunset Island III

01312004 Chg-P CR2E034 (10/03)

City & State
miami Beach

City & State
miami Beach 33140

4. FEI Number
65-1064036

Applied For
Not Applicable

Zip
33140

Country
FL

Zip
33140

Country
FL

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

6. Name and Address of Current Registered Agent

**MILLER, IRVING E
2601 BISCAYNE BOULEVARD
MIAMI, FL 33137**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **P WEINRAUB, AMALIA** ☐ Delete
STREET ADDRESS **4775 COLLINS AVE #3204**
CITY-ST-ZIP **MIAMI, FL 33140**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **2305 Lake Ave** ☒ Change ☐ Addition
STREET ADDRESS **Sunset Island III**
CITY-ST-ZIP **miami Beach 33140 FL**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

Amalia Weinraub
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/04
Date

305-672-2222
Daytime Phone #