


FILED
May 29, 2003 8:00 am
Secretary of State

05-05-2003 90157 022 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000036637			
1. Entity Name M & M ROOFING CORP.			
Principal Place of Business 5169 NW 74TH AVE MEDLEY FL 33166		Mailing Address 5169 NW 74TH AVE MEDLEY FL 33166	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 65-1098611	
		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, SALVADOR 5169 NW 74TH AVE MEDLEY FL 33166		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: <u>Salvador Martinez</u> (NOTE: Registered Agent Signature is required for this statement) DATE: <u>4-30-03</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME CAM, VIDA S STREET ADDRESS 12416 SW 112 TERRACE CITY-ST-ZIP MIAMI FL 33186	<input checked="" type="checkbox"/> Delete	TITLE SALVADOR MARTINEZ NAME 5169 NW 74 AVE STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME MARTINEZ, SALVADOR STREET ADDRESS 5169 SW 74TH AVE CITY-ST-ZIP MEDLEY FL 33166	<input type="checkbox"/> Delete	TITLE LUIS A. MARTINEZ NAME 115 SW 112TH AVE STREET ADDRESS MIAMI FL 33174 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME DAVILA, EDGARDO STREET ADDRESS 18100 SW 277 STREET CITY-ST-ZIP HOMESTEAD FL 33031	<input checked="" type="checkbox"/> Delete	TITLE N/A NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 a power of attorney, or other like empowered.			
SIGNATURE: <u>Salvador Martinez</u>		<u>4-30-03</u> (805) 594-2253	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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AV

CR2E034 (10/02)