

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90008 003 ***150.00

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1. Entity Name
M & M INVESTMENTS AND MANAGEMENT, INC.

Principal Place of Business
**502 B. EL RANCHO DRIVE
FT. PIERCE, FL 34982**

Mailing Address
**502 B. EL RANCHO DRIVE
FT. PIERCE, FL 34982**

54054495

2. Principal Place of Business
502 - B. - El Rancho Drive

3. Mailing Address
5255 N.W. 112 Ave



03152004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit #101

City & State
Fort Pierce FL.

City & State
Miami FL.

4. FEI Number
65-1103356

Applied For
☒ Not Applicable

Zip
34982

Country
U.S.A

Zip
33178

Country
U.S.A

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CEBALLOS, MAYRA
3869 N. HWY A1A
FT. PIERCE, FL 34949**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
SILVA, MIRIAM
502 B EL RANCHO DRIVE
FORT PIERCE, FL 34982**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
CEBALLOS, MAYRA
3869 NORTH HWY A1A
FORT PIERCE, FL 34949**

☐ Delete

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Miriam Silva** **5-7-04** **(305) 213-3717**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR