

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 16, 2004 8:00 am
Secretary of State

01-12-2004 90005 021 ***150.00

DOCUMENT # P01000083676																																															
1. Entity Name M&M PAVINGS INC.																																															
Principal Place of Business 1072 SW 113 TERRACE PEMBROKE PINES, FL 33025			Mailing Address 1072 SW 113 TERRACE PEMBROKE PINES, FL 33025																																												
2. Principal Place of Business		3. Mailing Address																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																													
City & State		City & State																																													
Zip		Country		Zip																																											
Country		Country																																													
6. Name and Address of Current Registered Agent MCKENZIE, SHANA 1072 SW 113 TERRACE PEMBROKE PINES, FL 33025				7. Name and Address of New Registered Agent Name: <u>MCKENZIE SHANE</u> Street Address (P.O. Box Number is Not Acceptable) <u>1072 SW 113 TERRACE</u> City: <u>PEMBROKE PINES</u> FL Zip Code: <u>33025</u>																																											
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 renouncing) Signature, typed or printed name of registered agent and title if applicable.																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 40%; padding: 2px;"> PD MCKENZIE, SHANE 11133 S.W. 8 STREET PEMBROKE PINES, FL 33025 </td> <td style="width: 10%; text-align: right; padding: 2px;"> ☐ Delete </td> <td style="width: 30%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 40%; padding: 2px;"> SD McFARLANE, ROGER 12160 ST ANDREW'S PLACE # 206 MIRAMAR, FL 33025 </td> <td style="width: 10%; text-align: right; padding: 2px;"> ☐ Change ☒ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> VPD MILLER, NORMAN 9740 S.W. 14 STREET PEMBROKE PINES, FL 33025 </td> <td style="text-align: right; padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> SD MILLER, CHRISTINE 9740 S.W. 14 STREET PEMBROKE PINES, FL 33025 </td> <td style="text-align: right; padding: 2px;"> ☒ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"></td> <td style="text-align: right; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKENZIE, SHANE 11133 S.W. 8 STREET PEMBROKE PINES, FL 33025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD McFARLANE, ROGER 12160 ST ANDREW'S PLACE # 206 MIRAMAR, FL 33025	☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, NORMAN 9740 S.W. 14 STREET PEMBROKE PINES, FL 33025	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, CHRISTINE 9740 S.W. 14 STREET PEMBROKE PINES, FL 33025	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: _____ 2-9-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																															

66402003

01062004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1135426

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

7. Name and Address of New Registered Agent
 Name: MCKENZIE SHANE
 Street Address (P.O. Box Number is Not Acceptable)
1072 SW 113 TERRACE
 City: PEMBROKE PINES FL Zip Code: 33025

\$5.00 May Be Added to Fees

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SIGNATURE: _____ **2-9-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #