

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90068 044 \*\*\*150.00

<b>DOCUMENT # P01000083676</b>					
<b>1. Entity Name</b> M&M PAVINGS INC.					
<b>Principal Place of Business</b> 1072 SW 113 TERRACE PEMBROKE PINES, FL 33025			<b>Mailing Address</b> 1072 SW 113 TERRACE PEMBROKE PINES, FL 33025		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-1135426	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MCKENZIE, SHANE 1072 SW 113 TERRACE PEMBROKE PINES, FL 33025			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> MCKENZIE, SHANE		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 1072 SOUTHWEST 113TH TERRACE	<b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33025		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VPD	<b>NAME</b> MILLER, NORMAN		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 2536 CENTERGATE DRIVE #204	<b>CITY-ST-ZIP</b> MIRAMAR, FL 33025		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> SD	<b>NAME</b> MCFARLANE, ROGER		<input checked="" type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 4531 SOUTHWEST 131 TERRACE	<b>CITY-ST-ZIP</b> MIRAMAR, FL 33027		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

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