

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90321 018 ***150.00

DOCUMENT # P01000101317

1. Entity Name
M & M SIGNS INC.



Principal Place of Business
13840 SW 112TH ST #208
MIAMI, FL 33186

Mailing Address
13840 SW 112TH ST #208
MIAMI, FL 33186

2. Principal Place of Business
7535 DADELAND MALL
Suite, Apt. #, etc.

3. Mailing Address
13290 SW 88 Lane
Suite, Apt. #, etc.
A-101



04272004 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
52-2347114

Applied For
Not Applicable

Zip
33156 Country
DADE

Zip
33186 Country
DADE

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

6. Name and Address of Current Registered Agent

GOYZUOTA, FRIDA
13840 SW 12 STREET
SUITE 208
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name
GINO REQUENA
Street Address (P.O. Box Number is Not Acceptable)
13290 SW 88 LANE, A-101
City
MIAMI FL Zip Code
33186

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 **Gino Requena**

4/28/2004

(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
STREET ADDRESS
CITY-ST-ZIP
PD
GOYZUETA, MIGUEL
13840 SW 112TH ST #208
MIAMI, FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
GOYZUETA, FRIDA
13840 SW 112TH ST #208
MIAMI, FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/28/2004

Date

705 665 6072

Daytime Phone #