


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000108949</b> 1. Entity Name M & F SERVICES OF ORLANDO, INC.	
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Principal Place of Business 1610 CAPESTERRE DR ORLANDO, FL 32824	Mailing Address 1610 CAPESTERRE DR ORLANDO, FL 32824
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<b>DO NOT WRITE IN THIS SPACE</b>
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01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3761078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  FAJARDO, CLAUDIA 1610 CAPESTERRE DR ORLANDO, FL 32824	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONSALVE, JORGE 1610 CAPESTERRE DR ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAJARDO, CLAUDIA 1610 CAPESTERRE DR ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALENCIA, OTONIEL 1610 CAPESTERRE DR ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/08/04-80137-024 150.00

**DO NOT WRITE  
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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)(f), 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>SIGNATURE:</b> <i>Claudia Fajardo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	02-18-04 Date	Daytime Phone #
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