
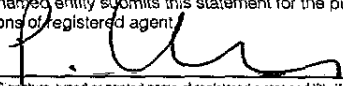
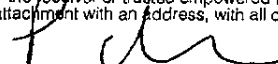


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000028030		
1. Entity Name MM HOLDINGS 2202, INC.		
Principal Place of Business 100 LINCOLN RD., APT 514 MIAMI, FL 33139		Mailing Address 100 LINCOLN RD., APT 514 MIAMI, FL 33139
DO NOT WRITE IN THIS SPACE		
		07012005 No Chg-P CR2E034 (10/03)
4. FEI Number 03-0413325		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		
MARUN, SUSANA E 100 LINCOLN RD., APT 514 MIAMI, FL 33139		DO NOT WRITE IN THIS SPACE
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		DATE 07-01-05
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARUN, SUSANA E 100 LINCOLN RD., APT 514 MIAMI, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARUN, MARIO 100 LINCOLN RD., APT 514 MIAMI, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARUN, DELIA 100 LINCOLN RD., APT 514 MIAMI, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARUN, PATRICIA 100 LINCOLN RD., APT 514 MIAMI, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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		DATE 07-07-05 Daytime Phone #