

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-06-2006 90097 047 ***150.00

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1st MOORE CR2E034 (10/05)

DOCUMENT # P02000031725 1. Entity Name M M R USA INC.																							
Principal Place of Business 5100 NW 35 ST 208 LAUDERDALE LAKES FL 33319			Mailing Address 5100 NW 35 ST 208 LAUDERDALE LAKES FL 33319																				
2. Principal Place of Business 5100 NW 35 ST 208		3. Mailing Address 5100 NW 35 ST 208																					
Suite, Apt. #, etc. 208		Suite, Apt. #, etc. 208																					
City & State Lauderdale Lakes		City & State Lauderdale Lakes		4. FEI Number 01-0645718																			
Zip 33319		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent METHOT, JACQUES 5100 NW 35 ST 208 LAUDERDALE LAKES FL 33319				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																			
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 reinstating) DATE _____																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an attachment with an address, with all other like empowered. SIGNATURE: Jacques Methot 02/21/06 954-257-8874 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																							