## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000038749**

1. Entity Name
M&M WELDING & CONTRACTING, INC.



FILED Apr 15, 2004 08:00 AM Secretary of State

Principal Place of Business

2750 NW N RIVER DR Miami, Fl 33142 Mailing Address

PO BOX 144787 CORAL GABLES, FL 33114



CR2E034 (10/03)

Daytime Phone #

## DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

4. FEI Number Applied For 30-0064247 Applied For Not Applicable

5. Certificate of Status Desired See Required Fee Required

6.	Nam	e and	Address	of	Current	Regist	ered Ag	en

MOTA, MANUEL 2750 NW N RIVER DR MIAMI, FL 33142

## DO NOT WRITE IN THIS SPACE

No Chg-P

01172004

the obligat	tions of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered A	gent elgnature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		** ··· · · · · · · · · · · · · · · · ·		
TITLE HAME STREET ADDRESS CITY-ST-ZIP	PD MOTA, MANUEL 1720 NW N RIVER DR #610 MIAMI, FL 33142					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GUTIERREZ, BERTILDA 1720 NW N RIVER DR #610 MIAMI, FL 33142				U00000114168	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	04/15/04-80038-019 150.00 <b>NOT WRITE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE HAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
indicated of the cor	certify that the information supplied with this filt on this report or supplemental report is true as poration or the receiver or fustee empowers , or on an attachment with an address, with all	nd accurate and that my signature to execute this report as require	ption stated re shall hav d by Chapt	d in Section 119.07(3); e the same legal effec er 607, Florida Statute	(i), Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if	F

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. Lam familiar with, and accept