2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 08:00 AM
Secretary of State

	ANNUAL	REPORT		,m x*		02,2007 00.0
DOCU	MENT # P020000562			3	Secretary of Sta	
1. Entity Nan	ne					
MMMSI	ONE INC.					
			TEST TEST			
Principal Plac	ce of Business	Mailing Address				
1955 NW 18		1955 NW 18 ST				
PUMPANU E	3CH, FL 33069	POMPANO BCH, FL 33069				
					 	BIJT SBIB I SIIIB BIXIB IIBII IBBII BBIJBBI IX IBBI
			02232007	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE			CE			
				4. FEI Numb		Applied For Not Applicable
					of Status Desired	\$8.75 Additional
	6. Name and Address of Current Ro	nictored A gent		J. Certificate	01 318103 263/160	Fee Required
	d. Haine and Address of Current Re	1				
GOLDIN, ARNOLD S 5030 CHAMPION BLVD #G-6231 BOCA RATON, FL 33496				DO	NOT W	/RITE
			IN THIS SPACE			
				IN	1 HI2 21	PACE
8. The above	named entity submits this statement for the	ne purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of F	lorida. I am familiar with, and accept
ti ia obilgal	tions of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and	tille if applicable. (NOTE: Registere	d Agent signature required	when reinstating)		DATE
				<u> </u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing \$5.	00 May Be ed to Fees		
77.701 11123 1, 2001 100 1711 20 4000100						
IIILE	OFFICERS AND DI	RECTORS	4			
NAME	ROMAY, MIGUEL		•	,		•
STREET ADDRESS	1141 COCONUT CK. BLVD.					
CITY-ST-ZIP	COCONUT CK., FL 33063					
TITLE NAME					U0000	00853540
STREET ADDRESS					03/13/0	7-80029-021 150.00
CITY-ST-ZIP			-			
TITLE NAME						
STREET ADDRESS				DO	NOT W	IDITE
CITY-\$T-ZIP					NOT W	
TITLE NAME				IN '	THIS SI	PACE
STREET ADDRESS				•		
CITY-ST-ZIP						
TITLE						
NAME STREET ADDRESS						
CITY-ST-ZIP						
TITLE			1			
NAME				•		
STREET ADDRESS	j					

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/28/07 (954)984-16,