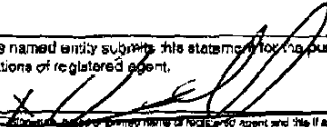
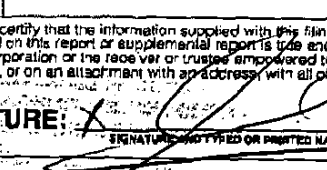


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90753 002 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000074243			
1. Entity Name M & M AUTO ASSOCIATES, INC			
Principal Place of Business 9765 S ORANGE BLOSSOM TRAIL 18A ORLANDO, FL 32837		Mailing Address 9765 S ORANGE BLOSSOM TRAIL 18A ORLANDO, FL 32837	
2. Principal Place of Business 9765 S Orange Blossom Trail		3. Mailing Address 9765 S Orange Blossom Trail	
Suite, Apt. #, etc. 44		Suite, Apt. #, etc. 44	
City & State Orlando FL		City & State Orlando FL	
Zip 32837 Country US		Zip 32837 Country US	
4. FEI Number 04-3702977		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALTAMAR, MARIA L MRS 116 HIDDEN SPRING CIRCLE KISSIMMEE, FL 34743		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12613 Lysterfield CT City Orlando FL Zip Code 32837	
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 		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ALTAMAR, MARIA L MRS 116 HIDDEN SPRING CIRCLE KISSIMMEE, FL 34743	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 12613 Lysterfield CT Orlando, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 or empowered.			
SIGNATURE 		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	