04/28/2004 13:56 3059370128 GERSTLE ROS

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	Mailing Address
~~9707 S ORANGE BLOSSOM TRAIL 18 A ORLANDO, FL 32837~~	~~9707 S ORANGE BLOSSOM TRAIL 18 A ORLANDO, FL 32837~~

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
9765 S Orange Blossom Trail		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 X

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	P ALTAMAR, MARIA L MRS ~~116 HIDDEN SPRING CIRCLE~~ ~~KISSIMMEE, FL 34743~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12613 Lysterfield CT Orlando, FL 32837 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #