


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000076454 1. Entity Name M3 - MANAGEMENT SERVICES INC.	
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Principal Place of Business 8386 SHADOWWOOD BLVD. CORAL SPRINGS, FL 33071	Mailing Address 8386 SHADOWWOOD BLVD. CORAL SPRINGS, FL 33071
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 33-1018182	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STEINER, FAYE 8386 SHADOWWOOD BLVD. CORAL SPRINGS, FL 33071	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEINER, FAYE 8386 SHADOWWOOD BLVD. CORAL SPRINGS, FL 33071	<p>U00000174386 01/10/05-80009-004 150.00</p> <p style="font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEINER, MIRIAM 8386 SHADOWWOOD BLVD. CORAL SPRINGS, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSEN, MARCIE 8386 SHADOWWOOD BLVD. CORAL SPRINGS, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: <i>Faye Steiner</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 1/7/05 Daytime Phone #: 954-752-6238
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