

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90014 012 ***150.00

DOCUMENT # P02000111217 1. Entity Name M&M BUSINESS SOLUTIONS, CORP.																																																																																																																																																											
Principal Place of Business 2660 S.W. 37TH AVE. #411 CORAL GABLES, FL 33133			Mailing Address 2660 S.W. 37TH AVE. #411 CORAL GABLES, FL 33133																																																																																																																																																								
2. Principal Place of Business 3000 SW 3rd. Avenue Suite, Apt. #, etc. 310		3. Mailing Address 3000 SW 3rd. Ave. Suite, Apt. #, etc. 310																																																																																																																																																									
City & State Miami, FL		City & State Miami, FL		4. FEI Number 46-0503128																																																																																																																																																							
Zip 33129		Country US.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent MORALES, JAVIER H 2500 NW 107TH AVE #208 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Javier Morales Street Address (P.O. Box Number is Not Acceptable) 3000 SW 3rd. Avenue # 310 City Miami FL Zip Code 33129																																																																																																																																																							
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 <u><i>[Signature]</i></u> Javier Morales (NOTE: Registered Agent signature required when re-registering) DATE _____																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">D <input type="checkbox"/> Delete</td> <td style="width: 30%;"></td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 30%;"></td> </tr> <tr> <td>NAME</td> <td>MORALES, JAVIER H</td> <td></td> <td>NAME</td> <td>Javier H Morales</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2660 S.W. 37TH AVE. #411</td> <td></td> <td>STREET ADDRESS</td> <td>3000 SW 3rd. Avenue # 310</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33133</td> <td></td> <td>CITY-ST-ZIP</td> <td>Miami, FL 33129</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD <input checked="" type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td>ZAMBRANO, MARICEL</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2660 S.W. 37TH AVE. #411</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33133</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D <input type="checkbox"/> Delete		TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	MORALES, JAVIER H		NAME	Javier H Morales		STREET ADDRESS	2660 S.W. 37TH AVE. #411		STREET ADDRESS	3000 SW 3rd. Avenue # 310		CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP	Miami, FL 33129		TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	ZAMBRANO, MARICEL		NAME			STREET ADDRESS	2660 S.W. 37TH AVE. #411		STREET ADDRESS			CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																																																								
TITLE	D <input type="checkbox"/> Delete		TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																							
NAME	MORALES, JAVIER H		NAME	Javier H Morales																																																																																																																																																							
STREET ADDRESS	2660 S.W. 37TH AVE. #411		STREET ADDRESS	3000 SW 3rd. Avenue # 310																																																																																																																																																							
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP	Miami, FL 33129																																																																																																																																																							
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																							
NAME	ZAMBRANO, MARICEL		NAME																																																																																																																																																								
STREET ADDRESS	2660 S.W. 37TH AVE. #411		STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP	CORAL GABLES, FL 33133		CITY-ST-ZIP																																																																																																																																																								
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																							
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																							
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																							
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																																																								
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																							
NAME			NAME																																																																																																																																																								
STREET ADDRESS			STREET ADDRESS																																																																																																																																																								
CITY-ST-ZIP			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: <u><i>[Signature]</i></u> Javier Morales <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																											