2005 FOR PROFIT CORPORATION ` ANNUAL REPORT

FILED Apr 15, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Apr 15, 2005 08:00				
DOCUMENT # P02000115772 1. Entity Name M & M REAL ESTATE INVESTMENTS INC.					S	ecretar	y of Stat	
Principal Place 3026 NORTH MIAMI BEACH	I BAY ROAD	Mailing Address 3026 NORTH BAY ROAD MIAMI BEACH, FL 33140] 			II PRANIK PRETOKLI II ANAV	
DO NOT WRITE IN THIS SPA			CE	04062005 4. FEI Numb NOT A	No Chg-P	Applied For Not Applicable		
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139					NOT W			
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 Signal, re, typed or printed name of registered agent and title If applicable. (NOTE. Registered Agent signature required when reinstating) DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees				
10. OFFICERS AND DIRECTORS					L			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESTOR, MÄRK 3026 NORTH BAY ROAD MIAMI BEACH, FL 33140					and the second s	i	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITVO, MATTHEW 3026 NORTH BAY ROAD MIAMI BEACH, FL 33140				EUUUUL 57715/09	1031)794 (1-800/76-00	7 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 	THIS S	PACE	į	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-				1	

12. Hereby certify that the information supplied with this filling 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 trustge expowered 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: .

NAME STREET ADDRESS CITY+ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

9/13/05 305 93367 Date Daytime Phone •