2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 8:00 am Secretary of State

04-21-2005 90242 033 ***150.00

DOCUMENT # P02000121726 1. Entity Name M & M COUSINS, INC.								0242 033	***15	i0.00
Principal Plac	e of Business	· · · · · · · · · · · · · · · · · · ·			, -,	1				
4711 N.W. 7	9TH STREET	4711 N.W. 79TH STREE	T				• •			
SUITE 20 T		SUITE 20 T								
MIAMI, FL 3	3166	MIAMI, FL 33166			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		H 30H 10H) H3	10 HOLL HOLL SEO	IB 11818 B111	TO I IT IT IT
2. Principal Place of Business, 12330 5.W. 53 rd , Suite, Apt. #, etc. 3. Mailing Address 12330 5.W. 53 rd , Suite, Apt. #, etc.				et						
	te 702	Suite, Apt.,#, etc. Suite 702			03022005	Chg-l	- (CR2E034 (10/03)	
City & Stat	0 ,/	City & State	7-1-N	10	4. FEI Numbe				Apr	plied For
Cooper	/- ₁	Cooper City	, FLoria Country	ra	75-308	7773				Applicable
33330	Country U.S.A.	33330	U.S.A.		5. Certificate	of Status D	esired		75 Addi Required	
	6. Name and Address of Current F	Registered Agent		1	7. Name and	Address	1 New Regi	stered Agen	t	
MENEGEO	, MANIPIOIO		Name							
	S, MAURICIO 79TH STREET		Street	Address (F	O. Box Number	er is Not Ac	ceptable)			
SUITE 20			12							
MIAMI, FL			City -	12330 SW 53rd, street Swite 702 City Cooper City FL Zp Code 33330						
									<i>333</i>	<u> 30 </u>
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office	or registere	ed agent, or bot	th, in the St	ate of Florida	a. I am famili	iar with, a	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent sign	ature required	when reinstating)			DATE		
	11-180	1			·- ·· · · · · · · · · · · · · · · · · ·					
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contr			00 May Be ed to Fees					
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I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes, I further certary 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.

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OR DIRECTOR

04-18-05

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Daytime Phone #