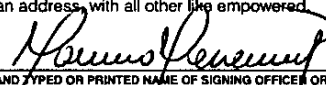


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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.			
Principal Place of Business 4711 N.W. 79TH STREET SUITE 20 T MIAMI, FL 33166		Mailing Address 4711 N.W. 79TH STREET SUITE 20 T MIAMI, FL 33166	
2. Principal Place of Business 12330 S.W. 53rd, street Suite, Apt. #, etc. Suite 702		3. Mailing Address 12330 S.W. 53rd, street Suite, Apt. #, etc. Suite 702	
City & State Cooper City, Florida Zip 33330		City & State Cooper City, Florida Zip 33330	
Country U.S.A.		Country U.S.A.	
4. FEI Number 75-3087773		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENESES, MAURICIO 4711 N.W. 79TH STREET SUITE 20 T MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12330 SW 53rd, street Suite 702 City Cooper City FL Zip Code 33330	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD MENESES, MAURICIO 4711 N.W. 79TH STREET #20 T MIAMI, FL 33166	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORRISON, BEATRIZ 4711 N.W. 79TH STREET #20 T MIAMI, FL 33166	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12330 SW 53 rd , street - suite 702 Cooper City, FL. 33330	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12330 SW 53 rd , street - suite 702 Cooper City, FL. 33330	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12330 SW 53 rd , street - suite 702 Cooper City, FL. 33330	☐ Delete	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	12330 SW 53 rd , street - suite 702 Cooper City, FL. 33330	☐ Delete	☐ Change ☐ Addition
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: 		04-18-05 954 889 8384	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	