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Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90242 033 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000121726

1. Entity Name
M & M COUSINS, INC.

Principal Place of Business	Mailing Address
4711 N.W. 79TH STREET SUITE 20 T MIAMI, FL 33166	4711 N.W. 79TH STREET SUITE 20 T MIAMI, FL 33166

03022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
12330 S.W. 53rd, street		12330 S.W. 53rd, street	
Suite, Apt. #, etc.: Suite 702		Suite, Apt. #, etc.: Suite 702	
City & State: Cooper City, Florida		City & State: Cooper City, Florida	
Zip: 33330	Country: U.S.A.	Zip: 33330	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	7. Name and Address of New Registered Agent
MENESES, MAURICIO 4711 N.W. 79TH STREET SUITE 20 T MIAMI, FL 33166	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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	PD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MENESES, MAURICIO		NAME	
STREET ADDRESS	4711 N.W. 79TH STREET #20 T		STREET ADDRESS	12330 SW 53rd, street - suite 702
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	Cooper City, FL. 33330
TITLE	STD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MORRISON, BEATRIZ		NAME	
STREET ADDRESS	4711 N.W. 79TH STREET #20 T		STREET ADDRESS	12330 SW 53rd, street - suite 702
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	Cooper City, FL. 33330
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: [signature] 04-18-05 954 889 8384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #