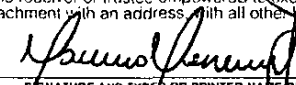


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90040 024 ***150.00

DOCUMENT # P02000121726 1. Entity Name M & M COUSINS, INC.					
Principal Place of Business 12330 SW 53RD STREET SUITE 702 COOPER CITY, FL 33330			Mailing Address 12330 SW 53RD STREET SUITE 702 COOPER CITY, FL 33330		
2. Principal Place of Business, No P.O. Box # 2620 Weston Road			3. Mailing Address 2620 Weston Road		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Weston, Florida			City & State Weston, Florida		
Zip 33331		Country USA		Zip 33331	
Country USA		4. FEI Number 75-3087773			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MENESES, MAURICIO 12330 SW 53RD STREET SUITE 702 COOPER CITY, FL 33330			7. Name and Address of New Registered Agent Name Mauricio Meneses Street Address (P.O. Box Number is Not Acceptable) 2620 Weston Road City Weston FL 33331		
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 registering) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 12330 SW 53RD STREET, SUITE 702 COOPER CITY, FL 33330	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MORRISON, BEATRIZ 12330 SW 53RD STREET, SUITE 702 COOPER CITY, FL 33330	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Mauricio Meneses 04/14/08 (954) 889 8384					