


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90036 016 \*\*\*150.00


<b>DOCUMENT # P03000013448</b>	
1. Entity Name <b>M &amp; M PAINTING &amp; RESTORATION, INC.</b>	

Principal Place of Business <b>8680 NW 3 LANE #4 MIAMI, FL 33126</b>	Mailing Address <b>8680 NW 3 LANE #4 MIAMI, FL 33126</b>
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2. Principal Place of Business <b>102 SW 16 Ave #26</b>	3. Mailing Address <b>102 SW 16 Ave #26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami FL</b>	City & State <b>Miami FL</b>
Zip <b>33135</b>	Country <b>USA</b>
Zip <b>33135</b>	Country <b>USA</b>

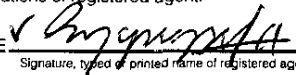
**54034685**




03202004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>VARGAS, MYNOR R 261 SW 12 ST #12 MIAMI, FL 33130</b>	
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7. Name and Address of New Registered Agent <b>Myndor R. Vargas 113 NW 17 Court #2 Miami FL 33125</b>	
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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 	DATE <b>3/20/04</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <b>PD VARGAS, MYNOR R 261 SW 12 ST #12 MIAMI, FL 33130</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD VARGAS, MYNOR R. 113 NW 17 Court #2 MIAMI FL 33125</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V CASTELLANOS, MYNOR M 8680 NW 3 LANE #4 MIAMI, FL 33126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V Castellanos Myndor M 102 SW 16 Ave #26 Miami FL 33135</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>3/20/04</b> (786) 344 8029 DAYTIME PHONE #