2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013964

Entity Name: M & M RECC REPAIR INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5705 W 20 AVE APT 312 2622 WEST 60 PLACE

HIALEAH, FL 33012 HIALEAH GARDENS, FL 33016

Current Mailing Address: New Mailing Address:

5705 W 20 AVE APT 312 2622 WEST 60 PLACE

HIALEAH, FL 33012 HIALEAH GARDENS, FL 33016

FEI Number: 56-2314027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VARGAS, MARIO A
5705 W 20 AVE APT 312
HIALEAH, FL 33012

VARGAS, MARIO A
2622 WEST 60 PLACE
HIALEAH GARDENS, FL 33016

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.

SIGNATURE: MARIO VARGAS 04/29/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 VARGAS, MARIO A
 Name:
 VARGAS, MARIO A

 Address:
 5705 W 20 AVE APT 312
 Address:
 2622 WEST 60 PLACE

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:
 HIALEAH GARDENS, FL 33016

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 BORROMEO, MIRIAM M
 Name:
 BORROMEO, MIRIAM M

 Address:
 5705 W 20 AVE APT 312
 Address:
 2622 WEST 60 PLACE

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:
 HIALEAH GARDENS, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO VARGAS PD 04/29/2004