2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90327 034 ***150.00

DOCUMENT # P03000037392

1. Entity Name
M & M IMAGEN CREATIVA ENTERPRISES, CORP.

Principal Place of Business	Mailing Address
2100 W 76 ST, STE 313 HIALEAH, FL 33016	2100 W 76 ST, STE 313 HIALEAH, FL 33016

04132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
6355 NW 36 St.		6355 NW 36 St.	
Suite, Apt. #, etc.: # 407		Suite, Apt. #, etc.: # 407	
City & State: VIRGINIA GARDENS		City & State: VIRVINIA GARDENS	
Zip: 33166	Country: MIAMI DADE	Zip: 33166	Country: MIAMI DADE

4. FEI Number 760729115 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANABRIA, MONICA V
2100 W 76 ST, STE 313
HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name: MONICA V. SANABRIA
Street Address (P.O. Box Number is Not Acceptable): 6355 NW 36 St. #407
City: VIRGINIA GARDENS FL Zip Code: 33166

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 acc[ept] the obligations of registered agent.

SIGNATURE [signature] MONICA V. SANABRIA 04/22/2004
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, 2004 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	D	☐ Delete	TITLE	DP	☐ Change ☐ Ad[d]
NAME	SANABRIA, MONICA V		NAME	SANABRIA, MONICA V.	
STREET ADDRESS	2100 W 76 ST, STE 313		STREET ADDRESS	6355 NW 36 St. #407	
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166	
TITLE		☐ Delete	TITLE	DVP	☐ Change ☐ Ad[d]
NAME			NAME	MARCELLO FLORIO	
STREET ADDRESS			STREET ADDRESS	6355 NW 36 St. #407	
CITY-ST-ZIP			CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166	
TITLE		☐ Delete	TITLE		☐ Change ☐ Ad[d]
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Ad[d]
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Ad[d]
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Ad[d]
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 informati[on] 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 direc[tor] 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] Monica V. Sanabria 04/22/2004 (305) 871-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #