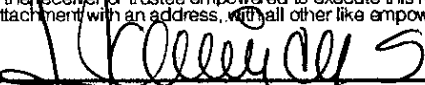


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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 2100 W 76 ST, STE 313 HIALEAH, FL 33016			Mailing Address 2100 W 76 ST, STE 313 HIALEAH, FL 33016		
2. Principal Place of Business G355 NW 36 St.		3. Mailing Address G355 NW 36 St.			
Suite, Apt. #, etc. # 407		Suite, Apt. #, etc. # 407			
City & State VIRGINIA GARDENS		City & State VIRGINIA GARDENS			
Zip 33166	Country MIAMI DADE	Zip 33166	Country MIAMI DADE	4. FEI Number 760729115	
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) G355 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 acknowledge the obligations of registered agent.					
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 ☐ \$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	D SANABRIA, MONICA V 2100 W 76 ST, STE 313 HIALEAH, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SANABRIA, MONICA V. G355 NW 36 St. #407 VIRGINIA GARDENS, FL 33166	☐ Change ☐ Ad
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MARCELLO FLORIO G355 NW 36 St. #407 VIRGINIA GARDENS, FL 33166	☐ Change ☐ Ad
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Ad
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Ad
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Ad
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		MONICA V. SANABRIA		04/22/2004 (305) 871-2525	
Signature, typed or printed name of signing officer or director		Date		Daytime Phone #	