## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 26, 2004 8:00 am **Secretary of State** DOCUMENT # P03000053849 01-26-2004 90014 007 \*\*\*150.00 M & M & M MAINTENANCE SERVICES, INC. Principal Place of Business Mailing Address **4763 ORLANDO AVENUE 4763 ORLANDO AVENUE** WEST PALM BEACH, FL 33417 WEST PALM BEACH, FL 33417 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 77-0593779 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TREJO, JOSE G Street Address (P.O. Box Number is Not Acceptable) 4763 ORLANDO AVENUE WEST PALM BEACH, FL 33417 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 : Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) .11 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution, Added to Fees' ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change ■ Addition TITLE ☐ Dalete TITLE NAME TREJO, JOSE G NAME 4763 ORLANDO AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33417 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ACCRESS CITY- ST-7IF CETY-ST-71P ☐ Change ☐ Addition ☐ Delete JITLE JITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TIME TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE 🖂 🖂 Delete 🦥 ಮಲಗು TITLE 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 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 eath, 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.

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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