


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90056 032 ***150.00

DOCUMENT # P03000053849	
1. Entity Name M & M & M MAINTENANCE SERVICES, INC.	

Principal Place of Business 4763 ORLANDO AVENUE WEST PALM BEACH, FL 33417	Mailing Address 4763 ORLANDO AVENUE WEST PALM BEACH, FL 33417
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50005069



2. Principal Place of Business 1424 BERKSHIRE DR.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01172005 Chg-P CR2E034 (10/03)

City & State West Palm Beach	City & State
Zip 33406	Country US

4. FEI Number 77-0593779	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TREJO, JOSE G 4763 ORLANDO AVENUE WEST PALM BEACH, FL 33417	7. Name and Address of New Registered Agent Name TREJO, JOSE G. Street Address (P.O. Box Number is Not Acceptable) 1424 BERKSHIRE DR. City West Palm Beach FL Zip Code 33406
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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 JOSE G. Trejo <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 01/17/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TREJO, JOSE G 4763 ORLANDO AVENUE WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Trejo, JOSE G 1424 Berkshire Drive West Palm Beach, FL 33406 <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
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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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
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

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: JOSE G. Trejo <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 01/17/05 <small>Date</small> Daytime Phone #