

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90010 029 \*\*\*150.00

<b>DOCUMENT # P03000108441</b> 1. Entity Name <b>W M M K ENTERPRISES, INC.</b>					
Principal Place of Business <b>14301 N. KENDALL DR. B307 MIAMI, FL 33186</b>			Mailing Address <b>14301 N. KENDALL DR. B307 MIAMI, FL 33186</b>		
2. Principal Place of Business <b>3126 SW CURCUMA ST</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. <b>PORT SAINT LUCIE</b>		Suite, Apt. #, etc.			
City & State <b>FL</b>		City & State			
Zip <b>34953</b>		Country		Zip Country	
4. FEI Number <b>42-1605784</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>SCOTT, MAXINE S 14301 N. KENDALL DR. B307 MIAMI, FL 33186</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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 <u><i>Maxine Scott</i></u> <span style="float: right;">8-27-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, MAXINE S <input type="checkbox"/> Delete <b>14301 N. KENDALL DR. B-307 MIAMI, FL 33186</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MAXINE S SCOTT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3126 SW CURCUMA ST PORT ST. LUCIE, FL 34953</b>				
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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: <u><i>Maxine Scott</i></u> <span style="float: right;">8-27-04</span> <span style="float: right;">772-878-2665</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment  
24682272  
#PO360010844/

State of Florida  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

August 27, 2004

To whom it may concern:

This is to certify that I Maxine S. Scott, president of W M M K Enterprises, Inc. never received or was notified that I needed a renewal for this fiscal year.

Enclosed is my check for \$150.00 as required by your office.

Thank you,

A handwritten signature in cursive script, appearing to read "Maxine Scott", with a long horizontal flourish extending to the right.

Maxine Scott