

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90196 002 ***150.00

DOCUMENT # P03000116837

1. Entity Name
M&M INVESTMENT PLUS, INC.



Principal Place of Business
**1037 ELDERBERRY DRIVE
WESTON, FL 33327**

Mailing Address
**1037 ELDERBERRY DRIVE
WESTON, FL 33327**

2. Principal Place of Business
2205 NW 97TH AVE

3. Mailing Address
2205 NW 97TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DORAL, FL

City & State

DORAL, FL

Zip
33172

Country
USA

Zip
33172

Country
USA

03012004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0323321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GBS CONSULTANTS
1290 WESTON RD STE 306
WESTON, FL 33326**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARIN, OMAR
1037 ELDERBERRY DRIVE
WESTON, FL 33327** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MONTIEL, MARIA
1037 ELDERBERRY DRIVE
WESTON, FL 33327** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/26/04