


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000121133
1. Entity Name
M N M 4BROTHERS, INC.



Principal Place of Business Mailing Address
9981 N.W. 80TH AVE. P.O. BOX 22611
HIALEAH GARDENS, FL 33016 HIALEAH, FL 33002



05252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
20-0619487 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, MANUEL J
9981 N.W. 80TH AVE
HIALEAH GARDENS, FL 33016

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IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MADRUGA, LUIS E
STREET ADDRESS	P.O. BOX 22611
CITY-ST-ZIP	HIALEAH, FL 33002
TITLE	V
NAME	MADRUGA, GRIZEL
STREET ADDRESS	P.O. BOX 22611
CITY-ST-ZIP	HIALEAH, FL 33002
TITLE	V
NAME	MARTINEZ, MANUEL J
STREET ADDRESS	P.O. BOX 22611
CITY-ST-ZIP	HIALEAH, FL 33002
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000566296
05/30/06-80004-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] VP Date: 5/25/06 Daytime Phone #: 786 797 2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR