


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000127211**  
 1. Entity Name  
**M & M TRUCKING OF HOMESTEAD INC.**



Principal Place of Business      Mailing Address  
**28555 SW 143RD CT**      **28555 SW 143RD CT**  
**HOMESTAED, FL 33033**      **HOMESTAED, FL 33033**

**DO NOT WRITE IN THIS SPACE**



01262006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>32-0098048</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**RAMIREZ, MANUEL**  
**28555 SW 143RD CT**  
**HOMESTAED, FL 33033**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

000000487562  
 04/13/06-80082-001 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAMIREZ, MANUEL 28555 SW 143RD CT HOMESTAED, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RAMIREZ, JOSEFINA 28555 SW 143RD CT HOMESTAED, FL 33033
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Josefina Ramirez*    **Josefina Ramirez**    **3/28/06**    **3052471625**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #