


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90002 045 ***150.00

DOCUMENT # P03000139401	
1. Entity Name MM ENTERPRISE OF ORLANDO CORP.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5479 VINELAND RD		3. Mailing Address 5479 VINELAND RD	
Suite, Apt. #, etc. APT 9308		Suite, Apt. #, etc. APT 9308	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32811	Country USA	Zip 32811	Country USA

40130756

CR2E034B (8/05)

4. FEI Number 86-1090159		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name CAROLINE LARSON	
	Street Address (P.O. Box Number is Not Acceptable) 8818 COMMODITY CIRCLE SUITE 40	
	City ORLANDO	Zip Code 32819

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 *Caroline Larson* DATE **08/02/2007**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MANSANO, CELIA M. 5479 VINELAND RD. APT 9308 ORLANDO, FL 32811	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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Celia M. Mansano* **CELIA M. MANSANO** DATE: **08/02/07** DAYTIME PHONE #: **407-466-8367**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR