2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000139517

Entity Name

M & M'S TRAFFIC & ELECTRICAL SOLUTIONS, INC.



FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

177 PLANTATION DR TAVERNIER, FL 33070 Mailing Address

177 PLANTATION DR TAVERNIER, FL 33070



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04282008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired Status Additional

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, MICHAEL J 177 PLANTATION DR TAVERNIER, FL 33070

DO NOT WRITE IN THIS SPACE

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. 8.	The above named entity submits this statement for the pathe obligations of registered agent.	ourpose of changin	ng its registered o	ffice or registered	agent, or both, in the	e State of Florida. Ta	ım famıliar with, ar	nd accept
s	GNATURE							
	Signature, typed or printed name of registered agent and title	f applicable.	(NOTE: Registered Age	ent signature required who	en reinstating)	DAT	E	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, MICHAEL J 177 PLANTATION DR TAVERNIER, FL 33070					
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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:

IGNATURE AND TYPES OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

305-343-4242

Daytime Phone #