
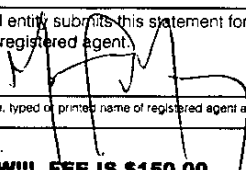
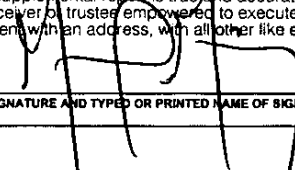


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90050 033 ***150.00

DOCUMENT # P03000154085 1. Entity Name M & M FLORIDA CITY DEVELOPMENT, INC.					
Principal Place of Business 10 NW 42ND AVENUE STE 700 MIAMI, FL 33126			Mailing Address 10 NW 42ND AVENUE STE 700 MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # 3530 SW 22ND ST.		3. Mailing Address 3530 SW 22ND ST.			
Suite, Apt. #, etc. SUITE 916		Suite, Apt. #, etc. SUITE 916			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 71-0958287	
Zip 33146		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOURIZ, MIGUEL A 10 N.W. 42ND AVE STE 700 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name MOURIZ, MIGUEL A Street Address (P.O. Box Number is Not Acceptable) 3530 SW 22ND ST. SUITE 916 City MIAMI FL Zip 33146		
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 04-09-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOURIZ, MIGUEL 10 N.W. 42ND AVE. STE 700 MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOURIZ, MIGUEL A 3530 SW 22ND ST. SUITE 916 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ZALDIVAR, MARIO 10 N.W. 42ND AVE. STE 700 MIAMI, FL 33126 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOURIZ, REINALDO 10 N.W. 42ND AVE. STE 700 MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOURIZ, REINALDO 3530 SW 22ND ST. SUITE 916 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PUIG, ENRIQUE 10 N.W. 42ND AVE. STE 700 MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PUIG, ENRIQUE 3530 SW 22ND ST. SUITE 916 MIAMI, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			04-09-08 (305) 567-1577 <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					