


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**


08-11-2005 90005 043 \*\*\*150.00

DOCUMENT # P04000018334		
1. Entity Name M.M.A. ENTERPRISE SERVICES, INC.		

Principal Place of Business 506 GARDENIA ST PANAMA CITY BEACH, FL 32407	Mailing Address 506 GARDENIA ST PANAMA CITY BEACH, FL 32407
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2. Principal Place of Business 506 GARDENIA ST. Suite, Apt. #, etc. —	3. Mailing Address 4166 BUFORD HWY Suite, Apt. #, etc. STE. 1118-H16
City & State PANAMA CITY BEACH, FL	City & State ATLANTA, GA
Zip 32407 Country USA	Zip 30345 Country USA

50061108



07282005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0585 229	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZELEZ, MARTIN 506 GARDENIA ST PANAMA CITY BEACH, FL 32407	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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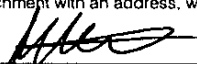
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00 / 150.00 Due by September 7, 2005	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZELEZ, MARTIN 506 GARDENIA ST PANAMA CITY BEACH, FL 32407 <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
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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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50061108  
# P04 000018334

**M.M.A. Enterprise Services, Inc.**

506 Gardenia Street, Panama City, FL 32407

Tel: (850) 258-8561

July 26, 2005

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madame:

Enclosed please find the 2005 annual report. The corporation did not receive any notice of the renew requirement or renew notice. I am requesting that you waive the \$400.00 penalty. I am enclosing the \$150.00 annual fees with this report, hoping that you waive the penalty.

Also, please change the mailing address to my account at 4166 Buford Hwy., Ste #1118-H16, Atlanta, GA 30345, because I lost mail at this address.

Your help in this matter is greatly appreciated.

Sincerely,



Martin Zelez  
President