

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000022826

Entity Name: MM EXPORTS INC.

FILED
Dec 06, 2007
Secretary of State

Current Principal Place of Business:

17708 EMERALD GREEN PL
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

17708 EMERALD GREEN PL
TAMPA, FL 33647

New Mailing Address:

FEI Number: 56-2432939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AAGAMAN INC.
13327 B. THOMASVILLE CIR
13327
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KALATHIA, LAXMICHAND
Address: 10870 PENINSULA CT
City-St-Zip: MANASSAS, VA 20111

Title: D () Delete
Name: PATEL, JITENDRA B
Address: 204 BRANDYWINE
City-St-Zip: KENNETH SQ, PA 19348

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: RAVAL.ASHOK. K.
Address: 17708.EMERALD GREEN PL.
City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAVAL ASHOK K

O

12/06/2007

Electronic Signature of Signing Officer or Director

Date