

2005

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 06, 2005 8:00 am
Secretary of State**

05-06-2005 90081 027 ***150.00

40083124

DOCUMENT # P04000040845 1. Entity Name M. & M. Cell Corp.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 8009 N.W. 36th St. Suite, Apt. #, etc. Suite 224 City & State Doral, FL Zip 33166			3. Mailing Address 8009 N.W. 36th St. Suite, Apt. #, etc. Suite 224 City & State Doral, FL Zip 33166		
Country USA			Country: USA		
4. FEI Number 20-0822832			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 Garcia, Hernan E. Street Address (P.O. Box Number is Not Acceptable) 8009 N.W. 36th St. Suite 224 City Doral	
DO NOT WRITE IN THIS SPACE				FL Zip Code 33166	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR 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		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Garcia, Carlos 8009 N.W. 36th St., Suite 224 Doral, FL 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Garcia, Hernan E. 8009 N.W. 36th St., Suite 224 Doral, FL 33166	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: _____ <u>Hernan E. Garcia</u> <u>April 08/05</u> <u>305-593-5363</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					