

2006

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

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90207 004 \*\*\*150.00

**DOCUMENT #** P04000040845

1. Entity Name

M. &amp; M. Cell Corp.

**DO NOT WRITE IN THIS SPACE**

40067473

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8009 N.W. 36th St.

Suite, Apt. #, etc.

Suite 224

City &amp; State

Doral, FL

Zip

33166

Country

USA

3. Mailing Address

8009 N.W. 36th St.

Suite, Apt. #, etc.

Suite 224

City &amp; State

Doral, FL

Zip

33166

Country

USA

4. FEI Number

20-0822832

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D/P  
NAME Garcia, Carlos  
STREET ADDRESS 8009 N.W. 36th St., Suite 224  
CITY - ST - ZIP Doral, FL 33166

TITLE D/S/T  
NAME Garcia, Hernan E.  
STREET ADDRESS 8009 N.W. 36th St., Suite 224  
CITY - ST - ZIP Doral, FL 33166

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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Hernan E. Garcia April 2006 305-593-5363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)