

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P04000067289

1. Entity Name

M & M CARRIER CORP.



Principal Place of Business

14834 SW 42ND COURT  
MIRAMAR, FL 33025

Mailing Address

14834 SW 42ND COURT  
MIRAMAR, FL 33025

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90023 042 \*\*\*150.00



07092006

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-1052655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

HECHAVARRIA, ROBERTO  
14834 SW 42ND COURT  
MIRAMAR, FL 33025

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HECHAVARRIA, MARIA E
STREET ADDRESS	14834 SW 42ND COURT
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D
NAME	HECHAVARRIA, MERCEDES
STREET ADDRESS	11225 SW 43RD TERRACE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Maria E. Hechavarría*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/06

Date

7544230600

Daytime Phone #