2005 FOR PROFIT CORPORATION

Apr 26, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000093851** 04-26-2005 90164 047 ***150 00 1. Entity Name M & M HAULING INC **にいいぶいエレコ** Principal Place of Business Mailing Address 27646 BREAKERS DRIVE 27646 BREAKERS DRIVE WESLEY CHAPEL, FL 33543 WESLEY CHAPEL, FL 33543 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 01242005 Chg-P CR2E034 (10/03) 4. FEI Number 20 - 126 Applied For City & State City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIVERA, MIRTEA Street Address (P.O. Box Number is Not Acceptable) 27646 BREAKERS DRIVE WESLEY CHAPEL, FL 33543 Zip Code 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. (1) 35% SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remutating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Ba Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete ☐ Change Addition TITLE TITLE RIVERA, MIRTEA NAME NAME STREET ADDRESS 27646 BREAKERS DRIVE STREET ADDRESS WESLEY CHAPEL, FL 33543 CITY-ST-ZIP CAY-ST-ZIP TITLE ☐ Change Addition TITLE Delete RODRIGUEZ, JOSE M NAME NAME 27646 BREAKERS DRIVE STREET ADDRESS STREET ADDRESS WESLEY CHAPEL, FL 33543 CHY-ST-ZIP City-St-Zir TIFLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP City-St-ZIP Addition TITLE ☐ Delate TITLE NAME NAME STREET ADORESS STREET ADDRESS COTY-ST-7IP CITY-ST-ZIP Addition Change 111LE Delete 1016

12. Thereby 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 it 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-55-05 SIGNATURE:

NAME

STREET ADDRESS

City-ST-ZiP

(813)444- 0478

FILED