


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90308 007 ***150.00

DOCUMENT # P04000093851 1. Entity Name M & M HAULING INC			
Principal Place of Business 27646 BREAKERS DRIVE WESLEY CHAPEL, FL 33543		Mailing Address 27646 BREAKERS DRIVE WESLEY CHAPEL, FL 33543	
2. Principal Place of Business 27752 Ravens Brooks		3. Mailing Address 27752 Raven Brook RD	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Wesley chapel FL		City & State Wesley chapel FL	
Zip 33544		Zip 33544	
Country 		Country 	
4. FEI Number 20-1267470		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERA, MIRTEA 27646 BREAKERS DRIVE WESLEY CHAPEL, FL 33543		7. Name and Address of New Registered Agent Name Manuel F. Rodriguez Street Address (P.O. Box Number is Not Acceptable) 27752 Raven Brooks Road City Wesley Chapel FL Zip Code 33544	
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 <u><i>Manuel F. Rodriguez</i></u> Manuel F. Rodriguez <u>4/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIVERA, MIRTEA 27646 BREAKERS DRIVE WESLEY CHAPEL, FL 33543 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Manuel F. Rodriguez 27752 Ravens Brooks Rd Wesley Chapel FL 33544 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RODRIGUEZ, JOSE M 27646 BREAKERS DRIVE WESLEY CHAPEL, FL 33543 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CARMEN I MOLINA 27752 Ravens Brooks Rd Wesley chapel FL 33543 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Mirta Rivera</i></u> Mirta Rivera - President <u>4-24-06</u> (813) 994-0978 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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