

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110235

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: M & M EARLY CARE AND EDUCATION CONSULTANTS, INC.

## Current Principal Place of Business:

15421 TURNBULL DRIVE  
MIAMI LAKES, FL 33014

## New Principal Place of Business:

## Current Mailing Address:

15421 TURNBULL DRIVE  
MIAMI LAKES, FL 33014

## New Mailing Address:

FEI Number: 54-2154758

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTINEZ, MAYRA E  
15421 TURNBULL DRIVE  
MIAMI LAKES, FL 33014 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MARTINEZ, MAYRA E  
Address: 15421 TURNBULL DRIVE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VP ( ) Delete  
Name: ALONSO, MAYRA  
Address: 13992 LAKE GEORGE COURT  
City-St-Zip: MIAMI LAKES, FL 33014

Title: ST ( ) Delete  
Name: BOSCH, MARITZA  
Address: 8832 NW 112 STREET  
City-St-Zip: HIALEAH GARDENS, FL 33018

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYRA E. MARTINEZ

MRS.

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date