

2005

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR) AMEND**09-02-2005 90011 030 \*\*\*61.25  
P04000136700

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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<b>DOCUMENT #</b> P04000136700	
<b>1. Entity Name</b> M & M Carpentry Enterprise, Inc.	
<b>DO NOT WRITE IN THIS SPACE</b>	
<b>2. Principal Place of Business</b> 1181 N.W. 8th St. Rd. Suite, Apt. #, etc. Suite 19 City & State Miami, FL Zip 33136	<b>3. Mailing Address</b> 1181 N.W. 8th St. Rd. Suite, Apt. #, etc. Suite 19 City & State Miami, FL Zip 33136
<b>Country</b> USA	<b>Country</b> USA
<b>4. FEI Number</b> 22-3903748	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b> Name Mesa, Jose R. Street Address (P.O. Box Number is Not Acceptable) 1181 N.W. 8th St. Rd. Apt. 19 City Miami FL Zip Code 33136	
<b>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.</b>	
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP
D/P Mesa, Jose R. 1181 N.W. 8th St. Rd. Miami, FL 33136	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP
D/S/T Cabrera, Manuel 601 S.W. Aster Rd. Port St. Lucie, FL 34953	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP
	<b>DO NOT WRITE IN THIS SPACE</b>
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<b>12. I hereby 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 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.</b>	
<b>SIGNATURE:</b> <u>Jose R. Mesa</u> <u>08/07/05</u> <u>305-325-9622</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	