

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140503

**FILED**  
**Apr 18, 2008**  
**Secretary of State**

**Entity Name:** M & A ENTERPRISES OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

5065 SW 164TH AVE.  
MIRAMAR, FL 33027

**New Principal Place of Business:**

3800 SOUTH OCEAN DR  
1103  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

5065 SW 164TH AVE.  
MIRAMAR, FL 33027

**New Mailing Address:**

5145 SW 157 AVE  
MIRAMAR, FL 33027

**FEI Number:** 20-1727879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLIVEROS, MARTHA  
5065 SW 164TH AVE.  
MIRAMAR, FL 33027 US

**Name and Address of New Registered Agent:**

ADRIANA, ACOSTA  
3800 S. OCEAN DR  
APT # 1103  
HOLLYWOOD, FL 33019 US

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: ADRIANA ACOSTA

04/18/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: OLIVEROS, MARTHA  
Address: 5065 SW 164TH AVE.  
City-St-Zip: MIRAMAR, FL 33027

Title: VS (X) Delete  
Name: ACOSTA, ADRIANA  
Address: 5065 SW 164TH AVE.  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: ACOSTA, ADRIANA  
Address: 3800 S. OCEAN DR. UNIT 1103  
City-St-Zip: HOLLYWOOD, FL 33019

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ADRIANA ACOSTA

PTD

04/18/2008

Electronic Signature of Signing Officer or Director

Date