

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90025 013 ***158.75

DOCUMENT # P04000149080

1. Entity Name
M.M.A CONSTRUCTION SERVICES, INC.



Principal Place of Business
**1322 OLIVE TREE CIR
GREENACRES, FL 33413 US**

Mailing Address
**1322 OLIVE TREE CIR
GREENACRES, FL 33413 US**

50056288



2. Principal Place of Business
1526 WESTCHESTER AVE

3. Mailing Address
1526 WESTCHESTER AVE

07132005 Chg-P CR2E034 (10/03)

City & State
WELLINGTON, FLORIDA

City & State
WELLINGTON, FLORIDA

4. FEI Number
20-1821752

Applied For
Not Applicable

Zip Country
33414 USA

Zip Country
33414 USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VENEGAS ALFARO, CARLOS A
1322 OLIVE TREE CIR
GREENACRES, FL 33413**

7. Name and Address of New Registered Agent

Name
CARLOS A. VENEGAS ALFARO

Street Address (P.O. Box Number is Not Acceptable)
1526 WESTCHESTER AVENUE

City
WELLINGTON FL 33414

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

CARLOS A. VENEGAS ALFARO. PRESIDENT 07/13/2005

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS VENEGAS ALFARO, CARLOS A 1322 OLIVE TREE CIR GREENACRES, FL 33413	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VENEGAS ALFARO, Carlos A. 1526 Westchester Avenue Wellington, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAENZ OCAMPO, Marcela 1526 Westchester Avenue Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, Rafael A. 1526 Westchester Avenue Wellington, FL 33414	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CARLOS A. VENEGAS ALFARO. PRESIDENT 07/13/2005**

Date Daytime Phone #

561-248-1233