2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158580

Title:

Name:

Address:

City-St-Zip:

() Delete

411 BATH CLUB BOULEVARD, SOUTH

NORTH REDINGTON BEACH, FL 33708

KORSZENIEWSKI, JOHN

FILED Feb 15, 2008 Secretary of State

Entity Nan	ne: MMG MAI	NAGEMENT CORPORATION					
Current Principal Place of Business:			New Prin	New Principal Place of Business:			
		VARD, SOUTH EACH, FL 33708					
Current Mailing Address:			New Mailing Address:				
		VARD, SOUTH EACH, FL 33708					
FEI Number:	20-3879472	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired	()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SPIEGEL 8 1840 SW 2 4TH FLOO MIAMI, FL	R	4 .	411 BATÉ	GRIMES, LYN M DP 411 BATH CLUB BLVD SOUTH NORTH REDINGTON BEACH, FL 33708 US			
The above in the State		submits this statement for the pu	urpose of changing	its registered	l office or registered agent, o	r both,	
SIGNATUR	RE: LYN MICH	HAEL GRIMES		02/15/2008			
	Electron	ic Signature of Registered Ager	nt		Date		
Election Cam	npaign Financing	Trust Fund Contribution ().					
OFFICERS	AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	GRIMES, LYN N 411 BATH CLUE	Delete // 3 BOULEVARD, SOUTH GTON BEACH, FL 33708	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	GRIMES, MARII 411 BATH CLUE	Delete LYN D 3 BOULEVARD, SOUTH GTON BEACH, FL 33708	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	KORSZENIEWS 411 BATH CLUE	Delete SKI, BERNADETT 3 BOULEVARD, SOUTH GTON BEACH, FL 33708	Title: Name: Address: City-St-Zip:	KORSZENIE 19204 GULF	(X) Change ()Addition WSKI, BERNADETT BLVD RES, FL 33785		

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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LYN MICHAEL GRIMES DP 02/15/2008

(X) Change () Addition

KORSZENIEWSKI, JOHN

INDIAN SHORES, FL 33785

19204 GULF BLVD