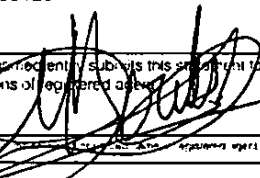
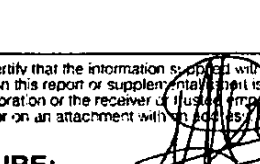


**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P05000164618</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                                           |                                                                   |
| 1. Entity Name<br><b>M&amp;M CARGO SERVICES INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                                                                                            |                                                                   |
| Principal Place of Business<br><b>40 NW 18 AVE<br/>APT #5<br/>MIAMI, FL 33125</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        | Mailing Address<br><b>40 NW 18 AVE<br/>APT #5<br/>MIAMI, FL 33125</b>                                                      |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | 3. Mailing Address                                                                                                         |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        | Suite, Apt. #, etc.                                                                                                        |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        | City & State                                                                                                               |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                | Zip                                                                                                                        | Country                                                           |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        | 7. Name and Address of New Registered Agent                                                                                |                                                                   |
| <b>MORALES, MARIO M SR<br/>40 NW 18 AVE<br/>APT#5<br/>MIAMI, FL 33125</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        | Name                                                                                                                       |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        | Street Address (P.O. Box Number is Not Acceptable)                                                                         |                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        | City                                                                                                                       | FL Zip Code                                                       |
| 8. The above named entity submits this statement for the purpose of choosing 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        | DATE                                                                                                                       |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$850.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                      |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P <input type="checkbox"/> Delete      | TITLE                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>MORALES, MARIO M SR</b>             | NAME                                                                                                                       |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>40 NW 18 AVE</b>                    | STREET ADDRESS                                                                                                             |                                                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>MIAMI, F 33125</b>                  | CITY- ST- ZIP                                                                                                              |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VP <input type="checkbox"/> Delete     | TITLE                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>CARDOZA DE MORALES, MARTHA A MS</b> | NAME                                                                                                                       |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>40 NW 18 AVE</b>                    | STREET ADDRESS                                                                                                             |                                                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>MIAMI, F 33125</b>                  | CITY- ST- ZIP                                                                                                              |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete        | TITLE                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        | NAME                                                                                                                       |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | STREET ADDRESS                                                                                                             |                                                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        | CITY- ST- ZIP                                                                                                              |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete        | TITLE                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        | NAME                                                                                                                       |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | STREET ADDRESS                                                                                                             |                                                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        | CITY- ST- ZIP                                                                                                              |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete        | TITLE                                                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        | NAME                                                                                                                       |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | STREET ADDRESS                                                                                                             |                                                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        | CITY- ST- ZIP                                                                                                              |                                                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary statement 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 as changed, or on an attachment with an address, or all other filer's empowered. |                                        |                                                                                                                            |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        | DATE                                                                                                                       |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | Daytime Phone #                                                                                                            |                                                                   |