FILED
Sep 04, 2007 8:00 am
Secretary of State

03-05-2007 90051 045 ***150.00
08-16-2007 90013 022 ***150.00

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000012333

1. Entity Name
M & M FOODS OF MIAMI, INC.

66021691

08132007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
10234 NW 128TH TERRACE HIALEAH GARDENS, FL 33018	10234 NW 128TH TERRACE HIALEAH GARDENS, FL 33018

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
9700 NW 115 WAY		9700 NW 115 WAY	
Suite, Apt. #, etc.: BAY # 3		Suite, Apt. #, etc.: Bay # 3	
City & State: MEDLEY FLORIDA		City & State: MEDLEY FL	
Zip: 33178	Country: USA	Zip: 33178	Country: USA

4. FEI Number: 20-4197751 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PINEL, MARCO 10234 NW 128TH TERRACE HIALEAH GARDENS, FL 33018	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 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 [signature] 8-13-2007
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 14, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PINEL, MARCO		NAME		
STREET ADDRESS	10234 NW 128TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 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: [signature] 8-13-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #