## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P06000026852 04-09-2007 90082 045 \*\*\*163.75 M & M'SS FLOORING, INC. Principal Place of Business Mailing Address 1412 WATERWAY COVE DRIVE 1412 WATERWAY COVE DRIVE WELLINGTON, FL 33414 WELLINGTON, FL 33414 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, et Suite, Apt. #, etc. 04022007 CR2E034 (12/06) Chg-P Applied For 4. FEI Number MELLINGAOU 70-4369989 Not Applicable \$8.75 Additional USA 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent M RIVADENCIRA RIVADENEIRA, JOSE M Street Address (P.O. Box Number is Not Acceptable) 1412 WATERWAY COVE DRIVE WELLINGTON, FL 33414 HYACINTH City WCLLINGTON 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, typed or printed name of registered agont and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 04-04-07 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE RIVADENEIRA, JOSE M NAME RIVADENCIPA JOSE M NAME ADDUCS STREET ADDRESS 1412 WATERWAY COVE DRIVE STREET ADDRESS. 1130 HYACINTH PL WELLINGTON, FL 33414 CITY-ST-ZIP CITY-ST-ZIP MCMINGAON AF TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP og does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if other like empowered. I hereby certify that the information indicated on this report or supple. pplied with this fijid ntal report is true trustee empow of the corporation or the recei changed, or on an attachmen JOSE M RIVADENCIRA SIGNATURE:

**FILED** 

Apr 09, 2007 8:00 am