

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

04-24-2007 90019 018 ***150.00

DOCUMENT # P06000087889					
1. Entity Name M & M CORPORATION OF PALM BEACH					
Principal Place of Business 99 SE MIZNER BLVD - # 803 BOCA RATON FL 33432			Mailing Address 99 SE MIZNER BLVD - # 803 BOCA RATON FL 33432		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5214013	
Zip		Country		Applied For ☐ Not Applicable	
Zip		Country		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		
BEAUDIN, MELANIE 99 SE MIZNER BLVD - # 803 BOCA RATON FL 33432			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, typed or printed name of registered agent and title, if applicable. (Not for Registered Agent signature required when consolidating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BEAUDIN, MELANIE 99 SE MIZNER BLVD - # 803 BOCA RATON FL 33432	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 19, 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:			4/13/07 301-393-8566		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		