## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000097220

Address:

City-St-Zip:

1200 BRICKELL BAY DRIVE #1818

MIAMI, FL 33131

FILED Aug 28, 2008 Secretary of State

Entity Name: M & M MANAGEMENT OF SOUTH FLORIDA, INC.					
Current Principal Place of Business:			New Principal Place	e of Business:	
1200 BRIC MIAMI, FL	KELL BAY DR 33131	VE #1818			
Current Mailing Address:			New Mailing Addres	ss:	
1200 BRICKELL BAY DRIVE #1818 MIAMI, FL 33131					
FEI Number:	20-5270281	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
TSVEYER, MARK 3574 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 US			1200 BRICKELL BAY	GOMEZ, MARIBEL G S 1200 BRICKELL BAY DRIVE # 1818 MIAMI, FL 33131 US	
The above in the State		ubmits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: MARIBEL G. GOMEZ				08/28/2008	
	Electron	ic Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GOMEZ, MARIÉ	BAY DRIVE #1818	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (X) TSVEYER, MAR 3574 N UNIVER CORAL SPRING	SITY DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T () GOMEZ, HECTO	Delete DR E JR	Title: Name:	() Change () Addition	

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 on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: HECTOR E. GOMEZ JR. 08/28/2008 Τ