

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000137417

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: M & M SUPPLY SERVICES GROUP, INC.

**Current Principal Place of Business:**

13260 SW 131 ST SUITE 127  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

13260 SW 131 ST SUITE 127  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 20-5808357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUEVARA, MARGARET  
13260 SW 131 ST SUITE 127  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GUEVARA, MARGARET  
Address: 13260 SW 131 ST SUITE 127  
City-St-Zip: MIAMI, FL 33186

Title: V ( ) Delete  
Name: CASTELLANOS, MAYRA  
Address: 13260 SW 131 ST SUITE 127  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MARGARET GUEVARA

PRES

02/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date