


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P06000147126 1. Entity Name M M M DISTRIBUTORS CORP. |  |
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|--|--|
| Principal Place of Business 10813 NW 53 LANE DORAL, FL 33178 | Mailing Address 10813 NW 53 LANE DORAL, FL 33178 |
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DO NOT WRITE IN THIS SPACE



03102008 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 20-5945365 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LOPEZ, ALLISON M
10813 NW 53 LANE
DORAL, FL 33178

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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees


U00000928085
05/20/08-80051-013 150.00

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LOPEZ, ALISSON M 10813 NW 53 LANE DORAL, FL 33178 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LOPEZ, MANUEL 10813 NW 53 LANE DORAL, FL 33178 |
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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  ALLISON M LOPEZ
PRESIDENT 03/10/08 ()

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #