

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2008 8:00 am**  
**Secretary of State**

02-26-2008 90007 017 \*\*\*150.00

**DOCUMENT # P07000047605**

1. Entity Name

MMG FUNDS, INC



Principal Place of Business

1800 PEMBROOK DR.  
ORLANDO FL 32828

Mailing Address

1800 PEMBROOK DR.  
ORLANDO FL 32828



2. Principal Place of Business - No P.O. Box #

11547 Lake Underhill

3. Mailing Address

11547 Lake Underhill Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Orlando, FL

City & State

Orlando FL

4. FEI Number

30-0037394

Applied For

Not Applicable

Zip

32825

Country

US

Zip

32825

Country

U.S

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLMAN, SULIEMAN  
2232 HILLSHIRE DR.  
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name

Suliman Holman

Street Address (P.O. Box Number is Not Acceptable)

1006 Marisol Ct

City

Orlando

FL

Zip Code

32828

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]*

2/28/08

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLMAN, SULIEMAN	
STREET ADDRESS	2232 HILLSHIRE DR.	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENDE, KARL	
STREET ADDRESS	848 23 AVE. SE	
CITY-ST-ZIP	MINNEAPOLIS MN 55414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suliman Holman	
STREET ADDRESS	1006 Marisol Ct Orlando FL, 32828	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #