

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000040998

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** MM ENTERPRISE SERVICES INC

**Current Principal Place of Business:**

532 SW CHERRY HILL RD  
PORT SAINT LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

532 SW CHERRY HILL RD  
PORT SAINT LUCIE, FL 34953

**New Mailing Address:**

PO BOX 7201  
PORT SAINT LUCIE, FL 34985

**FEI Number:** 26-2519850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASON, MARCIA  
532 SW CHERRY HILL RD  
PORT SAINT LUCIE, FL 34953 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MASON, MARCIA  
Address: 532 SW CHERRY HILL RD  
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: MARCIA MASON

DP

04/14/2012

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

\_\_\_\_\_ Date