

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000077159

Entity Name: MTM UNION CORP.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

17100 COLLINS AVE
STE 110
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

17100 COLLINS AVE
STE 110
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 26-3217898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, AUGUSTO
6604 NEWPORT PALMS CT
TAMPA, FL 33647 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: DVP () Delete
Name: SVIEDRYS, NICOLAI
Address: 17100 COLLINS AVE., STE 110
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: PD () Delete
Name: TORRES, AUGUSTO
Address: 6604 NEWPORT PALMS CT.
City-St-Zip: TAMPA, FL 33647

Title: T () Delete
Name: MERJECH, MARIA V
Address: 17100 COLLINS AVE., STE 110
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SVIEDRYS, NICOLAI

DVP

04/27/2009

Electronic Signature of Signing Officer or Director

Date