


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # P93000084971</b> 1. Entity Name <b>M &amp; M WELL DRILLING &amp; IRRIGATION SYSTEMS, INC.</b>	
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Principal Place of Business <b>19490 SW 210 ST MIAMI FL 33187</b>	Mailing Address <b>19490 SW 210 ST MIAMI FL 33187</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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FILED

06 APR 27 AM 11:38



1st MOORE      CR2E034 (10/05)

4. FEI Number <b>65-0453139</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

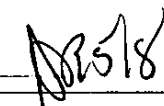
<b>6. Name and Address of Current Registered Agent</b>  <b>FERNANDEZ, MARIO</b> <b>19490 SW 210 ST</b> <b>MIAMI FL 33187</b>	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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8. 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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	PSD <input type="checkbox"/> Delete
NAME	FERNANDEZ, MARIO
STREET ADDRESS	19490 SW 210 ST
CITY-ST-ZIP	MIAMI FL 33187
TITLE	T <input type="checkbox"/> Delete
NAME	FERNANDEZ, MARIO M
STREET ADDRESS	19490 SW 210 ST.
CITY-ST-ZIP	MIAMI FL 33187
TITLE	 <input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>900074151949</b>
CITY-ST-ZIP	<b>05/08/06--01018--004 **163.75</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **MARIO FERNANDEZ** Date: **04-24-06** (305) 971-2060

BELL 786-8975868  
 Daytime Phone #