

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000012082

FILED  
Jan 05, 2005  
Secretary of State

**Entity Name:** MULTI MEDIA MARKETING ASSOCIATES, INC.

**Current Principal Place of Business:**

915 N.W. 199 TERRACE  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

915 N.W. 199 TERRACE  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 65-0561379

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LUYA, JOSE  
2828 CORAL WAY, STE:410  
MIAMI, FL 33145 US

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

LUYA, JOSE  
2828 CORAL WAY, STE:300  
MIAMI, FL 33145 US

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

01/05/2005

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LUYA, JOSE  
Address: 915 N.W. 199 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSE LUYA

PD

01/05/2005

Electronic Signature of Signing Officer or Director

Date