


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**


04-25-2007 90179 034 \*\*\*150.00

<b>DOCUMENT # P95000060918</b>	
1. Entity Name <b>MAM MANAGEMENT INC.</b>	

Principal Place of Business <b>317R OCEAN AVE MELBOURNE BEACH, FL 32951 US</b>	Mailing Address <b>317R OCEAN AVE MELBOURNE BEACH, FL 32951 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1375 Cypress Ave</b> Suite, Apt. #, etc. <b>1</b>	3. Mailing Address <b>1375 Cypress Ave</b> Suite, Apt. #, etc. <b>1</b>
City & State <b>Melbourne, FL</b>	City & State <b>Melbourne, FL</b>
Zip <b>32935</b>	Country <b>Brevard</b>

**40080531**



01132007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0606777</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>PULCINI, TANYA 5951 NW 151ST #100 MIAMI, FL 33014</b>	
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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 _____	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SPETKO, MICHAEL 317 R OCEAN AVE MELBOURNE, FL 32951</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Chapter 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.

<b>SIGNATURE:</b> 	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>	Date <b>8/21/07</b>	Daytime Phone # <b>321/724-1011</b>
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