2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000041979

M & M REAL ESTATE INVESTORS, INC.



Secretary of State

Principal Place of Business

Mailing Address

2441 SW 37TH AVENUE MIAMI, FL 33145

2441 SW 37TH AVENUE MIAMI, FL 33145



FILED

Jan 24, 2007 08:00 AM

Applied For

DO NOT WRITE IN THIS OR OF	01082007	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE	4 EE Number		Applied F	

65-0676980 Not Applicable \$8.75 Additional

5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, MANNY CPA 308 ALHAMBRA CIRCLE CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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. the obligations of registered agent.	t am familiar with, and accept
SIGNATURE	·

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550,00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

4. FEI Number

10. OFFICERS AND DIRECTORS TITLE AIRALA, MANUEL A MD NAME STREET ADDRESS **2441 SW 37TH AVENUE** CITY-ST-7/P MIAMI, FL STV TITLE AIRALA, MARTA S NAME STREET ADDRESS 2441 SW 37TH AVENUE CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

U00000599945 01/25/07-80047-015 150.00

DO NOT WRITE

IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 cath; 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OCRECTOR

1-18-07

Daytime Phone (