

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000101820

1. Entity Name
MMWD, INC.



Principal Place of Business

332 2ND ST
OAKLAND, CA 94607 US

Mailing Address

332 2ND ST
OAKLAND, CA 94607 US



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3260154

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOUTH, THOMAS
14348 TAMBORINE DR
ORLANDO, FL 32837

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IN THIS SPACE**

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

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME ARKO, FRITZ
STREET ADDRESS 33 ESCALON DRIVE
CITY-ST-ZIP MILL VALLEY, CA 94941

TITLE DP
NAME MAJUA, MARGARET
STREET ADDRESS 1150 ESTATES DRIVE
CITY-ST-ZIP LAFAYETTE, CA 94549

TITLE VCFO
NAME KADIE, ROBERT A
STREET ADDRESS 332 2ND ST
CITY-ST-ZIP OAKLAND, CA 94607

TITLE DS
NAME HAGERMAN, DAVID
STREET ADDRESS 740 CASTRO STREET
CITY-ST-ZIP SAN FRANCISCO, CA 94114

TITLE D
NAME MACINTOSH, ROBERT S
STREET ADDRESS 225 CONIFER TERRACE
CITY-ST-ZIP DANVILLE, CA 94506

TITLE D
NAME COURTNEY, RONALD
STREET ADDRESS 2141 DOVER COURT
CITY-ST-ZIP WALNUT-CREEK, CA 94595

000000648877
03/07/07-80026-023 150.00

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-07 (510)286-2287

Date

Daytime Phone #