

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 8:00 am**  
**Secretary of State**

02-03-2004 90009 046 \*\*\*150.00

**DOCUMENT # P97000004996**

1. Entity Name  
MTM INTERNATIONAL REALTY, INC.



Principal Place of Business  
2441 N.W. 93 AVE. 4995 N.W. 79 Ave. #109  
1070- 2333 BRICKELL AVE  
STE 2806  
MIAMI, FL 33172 US MIAMI, FL 33129

**94008855**



01232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0726790 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MUNOZ, MARIA T  
2333 BRICKELL AVE #2806  
MIAMI, FL 33129

**DO NOT WRITE  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing. ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MUNOZ, MARIA T  
STREET ADDRESS 2333 BRICKELL AVE @2806  
CITY-ST-ZIP MIAMI, FL 33129

TITLE  
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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:** Maria T. Munoz MARIA T. MUNOZ 1/27/04 305 860-1134  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #