

**2006 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000017602 1. Entity Name M.M.I. OF THE PALM BEACHES, INC.	
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Principal Place of Business 14275 SW 142ND AVE. MIAMI, FL 33186	Mailing Address 14275 SW 142ND AVE. MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0737847	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELLO, GUILLERMO C
14275 SW 142ND AVE.
MIAMI, FL 33186

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000387179 01/19/06-80028-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELLO, GUILLERMO C 14275 SW 142ND AVE. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIAZ, RADAMES 14275 SW 142ND AVE. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GONZALEZ, EDUARDO 14275 SW 142ND AVE. MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Guillermo C. Bello Guillermo C. Bello 1-11-06 305-259-1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #