
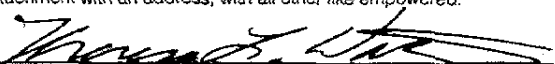


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000075998</b> 1. Entity Name <b>M &amp; M RECOVERY, INC.</b>					
Principal Place of Business <b>2000 W. COMMERCIAL BLVD. SUITE 115 FORT LAUDERDALE FL 33309</b>			Mailing Address <b>2000 W. COMMERCIAL BLVD. SUITE 115 FORT LAUDERDALE FL 33309</b>		
2. Principal Place of Business  Suite, Apt #, etc.		3. Mailing Address  Suite, Apt #, etc.			
City & State		City & State		4. FEI Number <b>65-0778668</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WATRY, THERESA 2000 W. COMMERCIAL BLVD. SUITE 115 FORT LAUDERDALE FL 33309</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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				Applied For Not Applicable	
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reconstituting)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORTGANG, KENNETH C <input type="checkbox"/> Delete 2000 W. COMMERCIAL BLVD., STE 115 FORT LAUDERDALE FL 33309			TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000036605 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/06/04-80064-012 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO WATRY, THERESA <input type="checkbox"/> Delete 2000 W. COMMERCIAL BLVD., STE 115 FORT LAUDERDALE FL 33309			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 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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



MOORE CR2E034 (11/03)