## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2006 08:00 AN DOCUMENT # P97000082366 **Secretary of State** M&M SERVICES OF MIAMI, INC. Principal Place of Business Mailing Address 4804 SW 157 WAY 3360 SW 173 TERR. MIRAMAR, FL 33029 MIRAMAR, FL 33027 US 04062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0783404 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALEZ, MARIO DO NOT WRITE 4804 SW 157 WAY HOLLYWOOD, FL 33027 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 reinstalling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE GONZALEZ, MARIO NAME U00000527141 STREET ADDRESS 4804 SW 157 WAY CITY-ST-219 MIRAMAR, FL 33027 05/04/06-80101-011 150.00 ππε STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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.

Manuforgaly

NAME STREET ADDRESS CITY-ST-ZIP

Director

4/20/06