


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90211 026 ***150.00

DOCUMENT # P97000090234 1. Entity Name M & M ASSOCIATES, INC.	
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Principal Place of Business 4111 SW 25TH STREET FORT LAUDERDALE, FL 33317	Mailing Address 4111 SW 25TH STREET FORT LAUDERDALE, FL 33317 US
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54039286



04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0789910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, DEANNA
 4111 SW 25TH STREET
 FORT LAUDERDALE, FL 33317

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, DEANNA 59 KENILWORTH ROAD RYE, NY 10580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, AMY R 59 KENILWORTH ROAD RYE, NY 10580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLBY, SUSAN J 103 OLD ORCHARD ROAD PORT CHESTER, NY 10573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, STEVEN E 10 COUNTRY RIDGE DRIVE N. PORTCHESTER, NY 10573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P Robert D. Miller 59 Kenilworth Rd Rye N.Y. 10580
TITLE NAME STREET ADDRESS 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 answered.

SIGNATURE: Deanna Miller Deanna Miller Pres 4/14/04 9149675039
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #