

**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.**



Principal Place of Business  
**4111 SW 25TH STREET  
FORT LAUDERDALE, FL 33317**

Mailing Address  
**4111 SW 25TH STREET  
FORT LAUDERDALE, FL 33317 US**

**54039286**



**DO NOT WRITE IN THIS SPACE**

04142004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0789910**

Applied For  
Not Applicable

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

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

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

**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  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

**SIGNATURE:** *Deanna Miller* **Deanna Miller Pres** **4/14/04-9149675039**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #