

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90044 004 ***150.00

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1. Entity Name

M & M INVESTMENT ENTERPRISES, INC.



Principal Place of Business

730 S.E. 8 STREET
SUITE #104
HIALEAH FL 33010

Mailing Address

730 S.E. 8 STREET
SUITE #104
HIALEAH FL 33010

2. Principal Place of Business

730 S.E. 8 St.

Suite, Apt. #, etc.

Suite #105

City & State

Hialeah, Fla.

Zip
33010

Country
Dade

3. Mailing Address

730 S.E. 8 St.

Suite, Apt. #, etc.

Suite #105

City & State

Hialeah, Fla.

Zip
33010

Country
dade



MOORE

CR2E034 (11/03)

4. FEI Number **65-0848905**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, MARIA ELENA
730 S.E. 8 STREET
SUITE #104
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name

Maria Elena Gomez

Street Address (P.O. Box Number is Not Acceptable)

730 S.E. 8 St. Suite #105

City

Hialeah

FL

Zip Code
33010

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME GOMEZ, MARIA E
STREET ADDRESS 730 S.E. 8 STREET, #104
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ Delete
NAME GOMEZ, MARIA ELENA
STREET ADDRESS 730 S.E. 8 STREET, #104
CITY-ST-ZIP HIALEAH FL 33010

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Maria Elena Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04

Date

305-934-4747

Daytime Phone #