

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90022 027 ***150.00

DOCUMENT # P98000059720

1. Entity Name
M. & M. INVESTMENT ENTERPRISES, INC.



Principal Place of Business
730 SE 8 ST.
STE. 105
HIALEAH, FL 33010

Mailing Address
730 SE 8 ST.
STE. 105
HIALEAH, FL 33010

00000000



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

01182005 Chg-P CR2E034 (10/03)

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 SE 8 ST.
STE. 105
HIALEAH, FL 33010

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2005 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** ☐ Delete
NAME **GOMEZ, MARIA E**
STREET ADDRESS **730 S.E. 8 STREET, #104**
CITY-ST-ZIP **HIALEAH, FL 33010**

TITLE **S** ☐ 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 **Vice-president**
STREET ADDRESS **Gomez, Maria Elena**
CITY-ST-ZIP **730 S.E. 8 St. Ste#105 Hialeah, Fla. 33010**

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Gomez, Maria Elena**
CITY-ST-ZIP **730 S.E. 8 St. Ste #105 Hialeah, Fla. 33010**

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

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

1/22/05 (305) 934-4747
Date Daytime Phone #