


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000012494
1. Entity Name
M.M.I. OF THE GULF COAST, INC.



Principal Place of Business Mailing Address
14275 S.W. 142ND AVENUE 14275 S.W. 142ND AVENUE
MIAMI, FL 33186 MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0893513 Not Applicable

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

6. Name and Address of Current Registered Agent

BELLO, GUILLERMO C
14275 S.W. 142ND AVENUE
MIAMI, FL 33186

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

00000387216
01/19/06-80030-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLO, GUILLERMO C 14275 S.W. 142ND AVENUE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GONZALEZ, EDUARDO E 14275 S.W. 142ND AVENUE MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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.

SIGNATURE: *Guillermo C. Bello* *Guillermo C. Bello* 1-11-06 305-259-1413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #