

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90044 036 ***150.00

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**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01242007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Cathie Carr**

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

901 Northpoint Pkwy # 307

City **West Palm Beach** FL Zip Code **33407**

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 *Cathie Carr* DATE **1/24/07**

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BELLO, GUILLERMO C	
STREET ADDRESS	14275 S.W. 142ND AVENUE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GONZALEZ, EDUARDO E	
STREET ADDRESS	14275 S.W. 142ND AVENUE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Cano Bello* **Guillermo Cano Bello** **1-24-07** **305-259-1413**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #