

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # P99000042054

1. Entity Name
M & M SILVER AND FINE GIFT CORP.



Principal Place of Business
**P.O. BOX 403817
MIAMI BEACH, FL 33140**

Mailing Address
**P.O. BOX 403817
MIAMI BEACH, FL 33140**



04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0922005	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ARROM, ORLANDO
10556 NW 26 STREET, STE. 203
MIAMI, FL 33172**

**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 reappointing)

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

**U000000141417
04/30/04-80011-010 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	DIAZ, MAURICIO
STREET ADDRESS	3400 N.E. 192ND STREET, #803
CITY-ST-ZIP	AVENTURA, FL 33180

TITLE	VPSD
NAME	DIAZ, MARIA EUGENIA
STREET ADDRESS	3400 N.E. 192ND STREET #803
CITY-ST-ZIP	AVENTURA, FL 33180

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Eugenia Diaz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/25/04** Daytime Phone # _____