2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000046920

1. Entity Name

P & M MANAGEMENT CO., INC.



FILED Jan 31, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

4300 N.W. 1ST AVENUE BOCA RATON, FL 33431 4300 N.W. 1ST AVENUE BOCA RATON, FL 33431



DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Status Desired Status Desired Applied For Not Applicable Status Desired Fee Regulred Fee Regulred

6. Name and Address of Current Registered Agent

MORONE, PATRICK S 4300 N.W. 1ST AVENUE BOCA RATON, FL 33431

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 reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORONE, PATRICK S 4300 N.W. 1ST AVENUE BOCA RATON, FL 33431				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, MICHAEL J 4300 N.W. 1ST AVENUE BOCA RATON, FL 33431				U00000809557 02/08/08~80027~012 158.75
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplier sets to see the supplier of the set of					

12. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/08 561-391-7501