


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # P99000065669 1. Entity Name M & M DENTS CORP.			
Principal Place of Business 7570 SW 37 ST. MIAMI FL 33155		Mailing Address 7570 SW 37 ST. MIAMI FL 33155	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip		City & State Zip	
Country		Country	
6. Name and Address of Current Registered Agent MONGE, MANUEL 7570 SW 37TH ST. MIAMI FL 33155		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
State: 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 _____ (NOTE: Registered Agent signature required when resigning) <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MONGE, MANUEL 7570 SW 37 ST. MIAMI FL 33155	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete 000000668355 03/27/07-80026-008 150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S MONGE, XINIA M 570 SW 37 ST. MIAMI FL 33155	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel Monge
3/15/07

Date

Daytime Phone #