2004 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

Feb 06, 2004 08:00 AM DOCUMENT # S85885 Secretary of State 1. Entity Name M & M GROCERY INC. Principal Place of Business Mailing Address 1703 N VALRICO RD DOVER FL 33527 1703 N VALRICO RD DOVER FL 33527 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3085324 Not Applicable $Z_{\mathbb{P}}$ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KORATTIYIL, MATHEW Street Address (P.O. Box Number is Not Acceptable) 1703 N VALRICO RD DOVER FL 33527 City 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. ${\color{red} {\rm SIGNATURE}} \;\; {\color{red} {\rm Signstone}} \;\; {\color{red} {\rm typed}} \; {\color{red} {\rm or}} \; {\color{red} {\rm printed}} \; {\color{red} {\rm name}} \; {\color{red} {\rm of}} \; {\color{red} {\rm regretered}} \; {\color{red} {\rm agont}} \; {\color{red} {\rm and}} \; {\color{red} {\rm tile}} \; {\color{red} {\rm d}} \; {\color{red} {\rm applicable}} \; {\color{red} {\rm or}} \;$ (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change Addition U00000033282 02/07/04-80002-805 150.00 NAME KORATTIYIL, MATHEW HAME STREET ADDRESS 1703 N VALRICO RD STREET ADDRESS CITY -ST - ZIP DOVER FL 037 - ST - 789 TITLE TIRE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE Addition ☐ Delete MARKE MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete THE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST. 73P CITY-ST-7IP ☐ Detete TITLE RILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS SERFET ADDRESS CSTY - ST- ZSP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eddress, with all other like empowered.

SIGNATURE:

MATHEW KORATTIYIL 2-3-04