2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# V67796

Entity Name: M & M LABOR AND CONSTRUCTION MAINTENANCE, INC.

Current Principal Place of Business:

5544 PEMBROKE RD.
BUILDING OFFICE
WEST PARK, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

5250 SW 21 STREET
WEST PARK, FL 33023 US

New Mailing Address:

5544 PEMBROKE ROAD
WEST PARK, FL 33021 US

FEI Number: 65-0368655 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSS, ANGINE C
2819 NW 7 COURT
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MOSS, MARIAN E
Address: 5250 SW 21 STREET
City-St-Zip: WEST PARK, FL 33023 US

Title: DVP ( ) Delete
Name: MOSS, ANGINE C
Address: 2819 NW 7 COURT
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: DO ( ) Delete
Name: MOSS, WILLIAM A III
Address: 4711 SW 19 STREET
City-St-Zip: WEST PARK, FL 33023 US

Title: DO ( ) Delete
Name: HOBBS, KEVONTI J
Address: 2819 NW 7 COURT
City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: DO ( ) Delete
Name: MOSS, PEDRO L
Address: 4711 SW 19 STREET
City-St-Zip: WEST PARK, FL 33023 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGINE C. MOSS DVP 01/07/2008

Electronic Signature of Signing Officer or Director Date