2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V67796

FILED Feb 05, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

5544 PEMBROKE RD. 5544 PEMBROKE RD.

BUILDING OFFICE WEST PARK, FL 33021 US

WEST PARK, FL 33023 US

Current Mailing Address: New Mailing Address:

5544 PEMBROKE ROAD 5544 PEMBROKE RD.

WEST PARK, FL 33021 US 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: Name and Address of New Registered Agent:

MOSS, ANGINE C 2819 NW 7 COURT

FORT LAUDERDALE, FL 33311 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: PCEO (X) Change () Addition

 Name:
 MOSS, MARIAN E
 Name:
 MOSS, ANGINE C

 Address:
 5250 SW 21 STREET
 Address:
 2819 NW 7 COURT

City-St-Zip: WEST PARK, FL 33023 US City-St-Zip: FORT LAUDERDALE, FL 33311 US

Title: DVP (X) Delete Title: () Change () Addition

 Name:
 MOSS, ANGINE C
 Name:

 Address:
 2819 NW 7 COURT
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33311 US
 City-St-Zip:

Title: DO (X) Delete Title: () Change () Addition

 Name:
 MOSS, WILLIAM A III
 Name:

 Address:
 4711 SW 19 STREET
 Address:

 City-St-Zip:
 WEST PARK, FL 33023 US
 City-St-Zip:

Title: DO (X) Delete Title: () Change () Addition

 Name:
 HOBBS, KEVONTI J
 Name:

 Address:
 2819 NW 7 COURT
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33311 US
 City-St-Zip:

Title: DO (X) Delete Title: () Change () Addition

 Name:
 MOSS, PEDRO L
 Name:

 Address:
 4711 SW 19 STREET
 Address:

 City-St-Zip:
 WEST PARK, FL 33023 US
 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 PCEO 02/05/2009