

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000044480

**Entity Name:** M THREE MANAGEMENT, INC.

**FILED**  
**Apr 24, 2017**  
**Secretary of State**  
**CC6096884559**

**Current Principal Place of Business:**

1060 HOLLAND DRIVE  
H 2ND FL  
BOCA RATON, FL 33487

**Current Mailing Address:**

1060 HOLLAND DRIVE  
H 2ND FL  
BOCA RATON, FL 33487 US

**FEI Number:** 20-2625844

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FACCIOLA, MICHELLE  
1060 HOLLAND DRIVE  
H 2ND FL  
BOCA RATON, FL 33487 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

**Officer/Director Detail :**

Title PD  
Name MADY, NAEEM  
Address 1060 HOLLAND DRIVE,  
H 2ND FL  
City-State-Zip: BOCA RATON FL 33487

Title VD  
Name MADY, EDMUND  
Address 1060 HOLLAND DRIVE  
H 2ND FL  
City-State-Zip: BOCA RATON FL 33487

Title STD  
Name FACCIOLA, MICHELLE  
Address 1060 HOLLAND DRIVE  
H 2ND FL  
City-State-Zip: BOCA RATON FL 33487

*I hereby 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 all other like empowered.*

**SIGNATURE:** MICHELLE FACCIOLA

STD

04/24/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date