


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2005 8:00 am
Secretary of State

09-07-2005 90010 044 ***158.75

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DOCUMENT # P04000156195					
1. Entity Name M2 INVESTMENT REALTIES, CORP					
Principal Place of Business 17520 NW 17TH AVE. MIAMI, FL 33056		Mailing Address 17520 NW 17TH AVE. MIAMI, FL 33056			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02 0734447	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOHAMMED, KEVIN J 17520 NW 17TH AVE. MIAMI, FL 33056			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHAMMED, KEVIN J		NAME		
STREET ADDRESS	17520 NW 17TH AVE.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33056		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, WILLIAM R		NAME	MR MARTIN, WILLIAM	
STREET ADDRESS	5835 SW 115TH TERR.		STREET ADDRESS	2731 TAFT ST	
CITY - ST - ZIP	COOPER CITY, FL 33330		CITY - ST - ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 address, with all other like empowered.					
SIGNATURE: <i>Kevin J. Mohammed</i>			8/9/2005 (305) 609 6448		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		