

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000084920

**Entity Name:** M2 RETAIL SERVICES, INC.

**Current Principal Place of Business:**

3902 WHISPERING OAKS DRIVE  
NORTH PORT, FL 34287

**Current Mailing Address:**

3902 WHISPERING OAKS DRIVE  
NORTH PORT, FL 34287 US

**FEI Number:** 46-3906526

**Certificate of Status Desired:** No

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

MADI, MIKE  
3902 WHISPERING OAKS DRIVE  
NORTH PORT, FL 34287 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 PVST  
Name MADI, MIKE  
Address 3902 WHISPERING OAKS DRIVE  
City-State-Zip: NORTH PORT FL 34287

Title D  
Name MADI, MIKE  
Address 3902 WHISPERING OAKS DRIVE  
City-State-Zip: NORTH PORT FL 34287

*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:** MIKE MADI

PVST

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date